## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

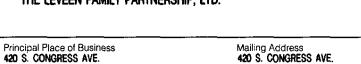
**DELRAY BEACH FL 33445** 

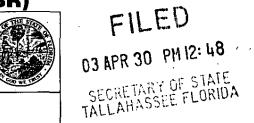
10000000550	ŧ	ONIFORM BUSINESS REPORT
DOCHMENT # AURIONANCHER		OCUMENT # A9300000553

1. Entity Name

**DELRAY BEACH FL 33445** 

THE LEVEEN FAMILY PARTNERSHIP, LTD.





MJH

·								
Principal Place of Business     3. Mailing Add								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUI: BY MAY 1, 2003		
City & State			City & State	City & State		4. FEI Number 65-0420957 Applied For Not Applicable		
Zip	,•	Country	Zip	Coun	try	5. Certificate of Status Desired		
<u></u>	5 6. Name	and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent		
LEVENGER COMPANY					Street Address (P.O. Box Number is Not Acceptable)			
ATTN: STEVEN LEVEEEN 420 S. CONGRESS AVE.					Sitest Address (F.O. DOX Number is Not Acceptable)			
DELRAY (	DELRAY BEACH FL 33445					Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								
9. Capital Co as Shown	ntributions	\$9,000.00	10. Amount of C		outions	11. MAXE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								
12. GENERAL PARTNER INFORMATION 13.						ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS	NAME LEVENGER COMPANY				ET ADDRESS			
CITY-ST-ZIP	ST-ZIP DELRAY BEACH FL 33445-4628			CITY	-ST-ZIP	300017345348		
DOCUMENT # NAME				STRE	ET ADDRESS	<del>900017345348</del> 04/30/0301013006 **151.75		
STREET ADDRESS CITY-ST-ZIP				CITY	ST-ZIP			
DOCUMENT # NAME			•	STRE	ET ADDRESS	-		
STREET ADDRESS CITY-ST-ZIP		<u> </u>		CITY-	-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				citA-	ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP			
dd lhamber		information of the district	0.7. 00					

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE MEDITIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

22 April 2003

Daytime Phone #

CR2E003 (10/02)