

2002 UNIFORM BUSINESS REPORT (UBR)

001529 AT

DOCUMENT # A95000000749

1. Entity Name

LEVINE FAMILY INVESTMENT PARTNERSHIP, LTD.

FILED

02 APR 30 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4300 NORTH UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE FL 33351

Mailing Address
4300 NORTH UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE FL 33351

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0581153 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, HOWARD A
4300 NORTH UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE FL 33351

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,701,900.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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 #	LEVINE, HOWARD A 4300 NORTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33351		STREET ADDRESS	
NAME			CITY-ST-ZIP	BK
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	7000005504187--8
STREET ADDRESS				-05/10/02--01097--026
CITY-ST-ZIP				*****526.25 *****526.25
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing 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:

Howard A. Levine, G.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

954-749-6700

Date Daytime Phone #

CR2E003 (9/01)