


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004

DOCUMENT # A9600002446	
1. Entity Name JOSEPH LEVY PARTNERSHIP, LTD.	

Principal Place of Business C/O JOSEPH LEVY 20290 FAIRWAY OAKS DRIVE, APT. 261 BOCA RATON FL 33434	Mailing Address C/O JOSEPH LEVY 20290 FAIRWAY OAKS DRIVE, APT. 261 BOCA RATON FL 33434
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0722008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEVY, JOSEPH 20290 FAIRWAY OAKS DRIVE, APT. 261 BOCA RATON FL 33434	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

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	
DOCUMENT #	
NAME	LEVY, JOSEPH
STREET ADDRESS	20290 FAIRWAY OAKS DRIVE, APT. 261
CITY-ST-ZIP	BOCA RATON FL 33434
DOCUMENT #	
NAME	LEVY, GABRIELLE
STREET ADDRESS	20290 FAIRWAY OAKS DRIVE, APT. 261
CITY-ST-ZIP	BOCA RATON FL 33434
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100041329801
CITY-ST-ZIP	09/24/04--01080--001 **437.50
STREET ADDRESS	100041329801
CITY-ST-ZIP	09/24/04--01080--002 **86.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Joseph Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 8/10/04 Daytime Phone # _____