


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002446</b> 1. Entity Name <b>JOSEPH LEVY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>C/O JOSEPH LEVY 20290 FAIRWAY OAKS DRIVE, APT. 261 BOCA RATON FL 33434</b>	Mailing Address <b>C/O JOSEPH LEVY 20290 FAIRWAY OAKS DRIVE, APT. 261 BOCA RATON FL 33434</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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1st MOORE CR2E003 (10/06)

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

7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

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

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **4/23/07** (561) 488-9742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE