

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A96000002446

1. Entity Name

JOSEPH LEVY PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:51

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0722008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOSEPH
 20290 FAIRWAY OAKS DRIVE, APT. 261
 BOCA RATON FL 33434

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

Signature, typed or printed name of registered agent and date if applicable

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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
 CITY-ST-ZIP

LEVY, JOSEPH
 20290 FAIRWAY OAKS DRIVE, APT. 261
 BOCA RATON FL 33434

STREET ADDRESS
 CITY-ST-ZIP

300129486359
 05/14/08 01046-010 **500.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

LEVY, GABRIELLE
 20290 FAIRWAY OAKS DRIVE, APT. 261
 BOCA RATON FL 33434

STREET ADDRESS
 CITY-ST-ZIP

300129486359
 04/30/08 01046-010 **500.00

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 CITY-ST-ZIP

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 (JOSEPH LEVY)

4/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE