

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001215 AT

DOCUMENT # A96000002446

1. Entity Name
JOSEPH LEVY PARTNERSHIP, LTD.



FILED
03 APR 16 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Suite, Apt., #, etc.	3. Mailing Address Suite, Apt., #, etc.
--	--

DUE BY MAY 1, 2003

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**

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 _____

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. _____

**11. MAKE 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	
DOCUMENT #	LEVY, JOSEPH
NAME	20290 FAIRWAY OAKS DRIVE, APT. 261
STREET ADDRESS	BOCA RATON FL 33434
CITY-ST-ZIP	
DOCUMENT #	LEVY, GABRIELLE
NAME	20290 FAIRWAY OAKS DRIVE, APT. 261
STREET ADDRESS	BOCA RATON FL 33434
CITY-ST-ZIP	
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	700016086717
CITY-ST-ZIP	04/16/03--01005--030 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (10/02)

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: Joseph Levy **SIGNATURE REQUIRED** Joseph LEVY 4/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #