

**LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000163</b> 1. Entity Name LEVIN FIRST FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2 ESTATE DRIVE BOYNTON BEACH, FL 33436			Mailing Address C/O BLAKESBERG & CO. 951 S.W. 4TH AVE. BOCA RATON, FL 33432		
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 65-0719161	
5. Certificate of Status Desired <input type="checkbox"/>				01142005 Chg-LP CR2E003 (10/03) Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCIARRETTA, STEVEN A ESQ. 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$750,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	2 ESTATE DRIVE		CITY-ST-ZIP	000000187531 01/24/05-80018-014 526.25	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436				
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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)(f), 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: _____			561 750 8300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
LARRY LEVIN			PARTNER		

STAPLE CHECK HERE