

# 2001 UNIFORM BUSINESS REPORT (UBR)

000716 AF

DOCUMENT # A97000000164

1. Entity Name

LEVIN SECOND FAMILY LIMITED PARTNERSHIP

Principal Place of Business

C/O BLAKESBERG & CO.  
951 S.W. 4TH AVE.  
BOCA RATON FL 33432

Mailing Address

C/O BLAKESBERG & CO.  
951 S.W. 4TH AVE.  
BOCA RATON FL 33432

FILED

01 FEB 13 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0719163

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$750,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 LEVIN, LARRY  
STREET ADDRESS 2 ESTATE DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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STREET ADDRESS

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)(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:

SIGNATURE REQUIRED  
LARRY LEVIN

Date

Daytime Phone #

(561) 750-8300

CR2E003 (11/00)