2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001343

1. Entity Name

ETHEL H. LEVY FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
401 S.W. 88TH TERRACE	401 S.W. 88TH TERRACE
GAINESVILLE FL 32607	GAINESVILLE FL 32607

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number 59-3463512 — · 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
LEVY, NORMAN S 401 S.W. 88TH TERRACE GAINESVILLE FL 32607	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. **$2,500,000.00**	**10.** Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO DEPT. OF STATE** SEE REVERSE SIDE FOR FEE INFORMATION

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 LEVY, NORMAN S STREET ADDRESS 401 S.W. 88TH TERRACE CITY-ST-ZIP GAINESVILLE FL 32607	STREET ADDRESS CITY-ST-ZIP 7000035762775 -01/26/01--01045--002 ***526.25 ***526.25
DOCUMENT # NAME LEVY, RHODA S STREET ADDRESS 15311 N.E. 173RD STREET CITY-ST-ZIP WOODINVILLE WA 98072	STREET ADDRESS CITY-ST-ZIP
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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_   1/10/01   (352) 331-2020

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

NORMAN S. LEVY