

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010984 AT

DOCUMENT # A97000001425



1. Entity Name
LEVAN ENTERPRISES, LTD.

FILED

03 MAY -2 PM 6:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 1750 EAST SUNRISE BLVD. FT. LAUDERDALE FL 33304	Mailing Address 1750 EAST SUNRISE BLVD. FT. LAUDERDALE FL 33304
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0891608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEVAN, ALAN B
1750 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304

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

9. Capital Contributions as Shown on record. **\$12,501,000.00**

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 #	P97000052575
NAME	LEVAN GENERAL CORP.
STREET ADDRESS	1750 EAST SUNRISE BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33304
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	300017916339
CITY-ST-ZIP	05/02/03--01118--009 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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~~ **4-23-03 (954) 760-5019**

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

STAPLE CHECK HERE

CR2E003 (10/02)