## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

**DOCUMENT # A97000002217** 

1. Entity Name MID-CAPE, LTD.



FILED Apr 04, 2007 08:00 A Secretary of State

Principal Place of Business

C/O LEVAN ASSET MANAGEMENT CORP. 8250 COLLEGE PARKWAY #201 FT. MYERS, FL 33919 Mailing Address

C/O LEVAN ASSET MANAGEMENT CORP. 8250 COLLEGE PARKWAY #201 FT. MYERS, FL 33919



01252007 No Chg-LP

CR2E003 (12/06)

			4	
4. F	El Number		Applied For	
6	55-0788266	 	Not Applicable	
5. C	Certificate of Status Desired		75 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVAN, TERRIS T C/O LEVAN ASSET MANAGEMENT CORP. 8250 COLLEGE PARKWAY #201 FT. MYERS, FL 33919

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its re- lions of registered agent.	gistered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept	
SIGNATURE				
	FILE NOWI!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	00		
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH form; an amendment must be filed to change	H THIS OFFICE. a general partner.	
12.	GENERAL PARTNER INFORMATION			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000087646 K-L ENTERPRISES OF SOUTH FLORIDA, INC. 8250 COLLEGE PARKWAY, #201 FT. MYERS, FL 33919	111	nononeonose	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		04/1 	00000690036 1/07-80058-024 500.00	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** 

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TURRIS LEV

1/27/07

239-482-4580

Daytime Phone #