

2001 UNIFORM BUSINESS REPORT (UBR)

0014282 AF

DOCUMENT # A98000000431

1. Entity Name
LEVINE BRILLINGER, LTD.

FILED

01 JUN 27 AM 8:47

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1333 VISTA DRIVE
SARASOTA FL 34239**

Mailing Address
**1333 VISTA DRIVE
SARASOTA FL 34239**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0833546**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BARNETT, SCOTT F ESQ.
SCOTT F. BARNETT, CHARTERED
238 EAST DAVID BOULEVARD
TAMPA FL 33606**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **116.630**

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	STREET ADDRESS	000004469320--8 -07/11/01--01053--010 ***926.25 ***926.25
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
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STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
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 of Emily H. Levine* **EMILY H LEVINE** 6/25/01 508-385-3138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)