


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000431

1. Entity Name
LEVINE BRILLINGER, LTD.



Principal Place of Business Mailing Address
 1333 VISTA DRIVE 1333 VISTA DRIVE
 SARASOTA, FL 34239 SARASOTA, FL 34239

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03162004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0833546 Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, LAWRENCE
1333 VISTA DRIVE
SARASOTA, FL 34239

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. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **116,630**

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 **LEVINE, LAWRENCE A**
 STREET ADDRESS **1333 VISTA DRIVE**
 CITY - ST - ZIP **SARASOTA, FL 34239**

STREET ADDRESS **1333 VISTA DRIVE**
 CITY - ST - ZIP **34239 FL**

DOCUMENT #
 NAME **LEVINE, EMILY H**
 STREET ADDRESS **1333 VISTA DRIVE**
 CITY - ST - ZIP **SARASOTA, FL 34239**

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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)(f), 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: *Emily H. Levine* 3/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE