


#1026.25

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 18 PM 12: 04

DOCUMENT # A98000000431	
1. Entity Name LEVINE BRILLINGER, LTD.	

Principal Place of Business 1333 VISTA DRIVE SARASOTA, FL 34239	Mailing Address 1333 VISTA DRIVE SARASOTA, FL 34239
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10182005	REIN-LP	CR2E100 (6/04)
4. FEI Number 65-0833546	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINE, LAWRENCE 1333 VISTA DRIVE SARASOTA, FL 34239		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 -	526.25
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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	
	LEVINE, LAWRENCE A		
STREET ADDRESS	1333 VISTA DRIVE		
CITY-ST-ZIP	SARASOTA, FL 34239		
DOCUMENT #	NAME	STREET ADDRESS	
	LEVINE, EMILY H		
STREET ADDRESS	1333 VISTA DRIVE		
CITY-ST-ZIP	SARASOTA, FL 34239		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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: *Emily H Levine* **EMILY H LEVINE** *11/18/05* **941-955-2427**

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

STAPLE CHECK HERE