


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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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01192006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0833546	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINE, LAWRENCE
 1333 VISTA DRIVE
 SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY - ST - ZIP	LEVINE, LAWRENCE A 1333 VISTA DRIVE SARASOTA, FL 34239
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LEVINE, EMILY H 1333 VISTA DRIVE SARASOTA, FL 34239
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 04/28/06-80020-010 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: *Emily H Levine* **EMILY H LEVINE** 4/12/06 944 955-2429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #