


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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|--|--------------------|---------------------|---|--|--------------------------------------|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03132008 Chg-LP CR2E003 (12/06) | |
| Zip | | Country | | 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 <i>LEVINE, EMILY</i> | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) <i>1333 VISTA DRIVE</i> | | |
| | | | City <i>SARASOTA</i> FL Zip Code <i>34239</i> | | |
| 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 <i>Emily H. Levine</i> | | | DATE <i>4/10/08</i> | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | DATE | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 500123587715 | |
| NAME | LEVINE, LAWRENCE A | | CITY-ST-ZIP | 04/16/08--01004--001 **500.00 | |
| STREET ADDRESS | 1333 VISTA DRIVE | | | | |
| CITY-ST-ZIP | SARASOTA, FL 34239 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | LEVINE, EMILY H | | CITY-ST-ZIP | | |
| STREET ADDRESS | 1333 VISTA DRIVE | | | | |
| CITY-ST-ZIP | SARASOTA, FL 34239 | | | | |
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| 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: <i>Emily H. Levine</i> | | | DATE: <i>4/10/08</i> | | Daytime Phone #: <i>973 772 3575</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date | | Daytime Phone # |

STAPLE CHECK HERE