

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SECRETARY OF STATE
 DIVISION OF CORPORATE REGISTRATION
 06 FEB 20 AM 8:50

DOCUMENT # A98000002917 1. Entity Name ALAN J. LEVY FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1287 WEST ATLANTIC BOULEVARD POMPANO BEACH, FL 33069			Mailing Address 1287 WEST ATLANTIC BOULEVARD POMPANO BEACH, FL 33069		
2. Principal Place of Business <i>1255 W. Atlantic Blvd</i>		3. Mailing Address <i>1255 W. Atlantic Blvd</i>			
Suite, Apt. #, etc. <i>Suite 218</i>		Suite, Apt. #, etc. <i>Suite 218</i>			
City & State <i>Pompano Bch, FL</i>		City & State <i>Pompano Bch FL</i>			
Zip <i>33069</i>		Country <i>USA</i>		Zip <i>33069</i>	
Country <i>USA</i>		4. FEI Number 65-0884188			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEVY, ALAN J 1287 WEST ATLANTIC BOULEVARD POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1255 W. Atlantic Blvd</i> <i>Suite 218</i> City <i>Pompano Bch</i> FL Zip Code <i>33069</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000108157		STREET ADDRESS	<i>1255 W. Atlantic Blvd, #218</i>	
NAME	A.J. LEVY, INC.		CITY-ST-ZIP	<i>Pompano Bch. FL 33069</i>	
STREET ADDRESS	1287 WEST ATLANTIC BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ *Alan J. Levy Pres* **1/30/06** **954-785-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE