

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 10:51

**DOCUMENT # A98000002917**

1. Entity Name  
**ALAN J. LEVY FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**1255 WEST ATLANTIC BOULEVARD  
SUITE 218  
POMPANO BEACH, FL 33069**

Mailing Address  
**1255 WEST ATLANTIC BOULEVARD  
SUITE 218  
POMPANO BEACH, FL 33069**



01052007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0884188**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEVY, ALAN J  
1255 WEST ATLANTIC BOULEVARD  
SUITE 218  
POMPANO BEACH, FL 33069**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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 # **P98000108157**  
NAME **A.J. LEVY, INC.**  
STREET ADDRESS **1255 WEST ATLANTIC BOULEVARD**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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800087874778  
02/09/07--01045--013 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*A.J. Levy Inc by [Signature], President*

*1/30/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE