#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

### **DOCUMENT #A98000002917**

ALAN J. LEVY FAMILY PARTNERSHIP, LTD.



**FILED** Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1255 WEST ATLANTIC BOULEVARD

SUITE 218

POMPANO BEACH, FL 33069

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



## DO NOT WRITE IN THIS SPACE

01072008 No Chg-LP

CR2E003 (12/06)

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

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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. the obligations of registered agent.	I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE

#### FILE NOW!!! FEE 18 \$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.

	NOTE: General Partners MAT NOT be changed of		
	12.	GENERAL PARTNER INFORMATION	
STAPLE CHECK HERE	DOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP	P98000108157 A.J. LEVY, INC. 1255 WEST ATLANTIC BOULEVARD POMPANO BEACH, FL 33069	
	DOCUMENT #  NAME STREET ADDRESS CITY-SI-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-SJ-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME		

U00000784603 01/16/08-80053-020 500.00

# 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 popularly by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP