

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 APR 24 AM 11:13

DOCUMENT # A990000000008

1. Entity Name
 MARSHA O. LEVY FAMILY PARTNERSHIP, LTD.



Principal Place of Business
 1287 W. ATLANTIC BLVD.
 POMPANO BEACH, FL 33069

Mailing Address
 1287 W. ATLANTIC BLVD.
 POMPANO BEACH, FL 33069

2. Principal Place of Business
 1255 W. Atlantic Blvd
 Suite, Apt. #, etc.
 #218

3. Mailing Address
 1255 W. Atlantic Blvd
 Suite, Apt. #, etc.
 #218



01092006 Chg-LP CR2E003 (11/05)

City & State
 Pompano Beach, FL
 Zip 33069 Country

City & State
 Pompano Beach, FL
 Zip 33069 Country

4. FEI Number
 65-0884530 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, MARSHA O
 1287 W. ATLANTIC BLVD.
 POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1255 W. Atlantic Blvd
 Suite 218
 City Pompano Beach FL Zip Code 33069

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 # P98000108102
 NAME MARSHA OSTER LEVY, INC.
 STREET ADDRESS 1287 W. ATLANTIC BLVD.
 CITY-ST-ZIP POMPANO BEACH, FL 33069

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1255 W Atlantic Blvd Suite 218
 CITY-ST-ZIP Pompano Bch. FL 33069

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

700074090417
 05/08/06 01009 025 **500.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Marsha O. Levy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 8, 2006
 Date Daytime Phone #

STAPLE CHECK HERE

954-7676249