

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010355 AT

DOCUMENT # **A99000000836**

1. Entity Name

**THE LEVIN REAL ESTATE LIMITED PARTNERSHIP #1**

FILED

02 FEB 14 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br><b>5996 PARADISE POINT DRIVE<br/>MIAMI FL 33157</b> | Mailing Address<br><b>5996 PARADISE POINT DRIVE<br/>MIAMI FL 33157</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| DUE BY MAY 1, 2002  |  |
| 4. FEI Number<br><b>65-0955634</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$5,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. _____ | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|--|

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Levin* **1/14/02** **305-233-0039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE