2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 13, 2004 8:00 A.M.
Secretary of State

DOCUMENT # A99000000837

1. Entity Name
THE LEVIN SECURITIES FAMILY LIMITED PARTNERSHIP
THE LEVIN SECURITIES FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
5996 PARADISE POINT DRIVE MIAMI FL 33157	5996 PARADISE POINT DRIVE MIAMI FL 33157

MOORE CR2E003 (11/03)

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

4. FEI Number 65-0955639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 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. 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.

9. Capital Contributions as Shown on record.	$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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 #		STREET ADDRESS	
NAME	LEVIN, WILLIAM		
STREET ADDRESS	5996 PARADISE POINT DRIVE		
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	200034485842 04/28/04--01071--009 **141.25
NAME	LEVIN, RITA		
STREET ADDRESS	5996 PARADISE POINT DRIVE		
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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 Rita Levin 4/6/04 305-233-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — William Levin, Rita Levin — Date — Daytime Phone #