

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

DOCUMENT # A9900000837			
1. Entity Name THE LEVIN SECURITIES FAMILY LIMITED PARTNERSHIP THE LEVIN SECURITIES FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 5996 PARADISE POINT DRIVE MIAMI FL 33157		Mailing Address 5996 PARADISE POINT DRIVE MIAMI FL 33157	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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



MOORE CR2E003 (11/03)

4. FEI Number 65-0955639 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	
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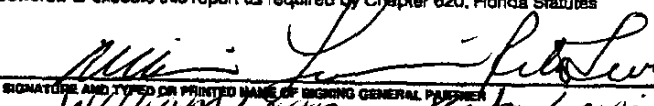
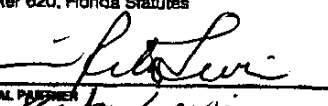
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE	
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 STAT 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	
	LEVIN, WILLIAM		
STREET ADDRESS	5996 PARADISE POINT DRIVE	CITY-ST- ZIP	
	MIAMI FL 33157		
DOCUMENT #	NAME	STREET ADDRESS	
	LEVIN, RITA		
STREET ADDRESS	5996 PARADISE POINT DRIVE	CITY-ST- ZIP	
	MIAMI FL 33157		
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 (17)(3)(D), Florida Statutes. I further certify that the information included 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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

STAPLE CHECK HERE