

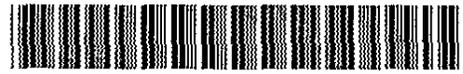
**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 13, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000000838 1. Entity Name THE LEVIN REAL ESTATE LIMITED PARTNERSHIP #2	
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Principal Place of Business 5996 PARADISE POINT DRIVE MIAMI FL 33157	Mailing Address 5996 PARADISE POINT DRIVE MIAMI FL 33157
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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MOORE CR2E003 (11/03)

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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4. FEI Number 65-0955635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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**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	CITY - ST - ZIP
	LEVIN, WILLIAM		
STREET ADDRESS	5996 PARADISE POINT DRIVE		
CITY - ST - ZIP	MIAMI FL 33157		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	LEVIN, RITA		
STREET ADDRESS	5996 PARADISE POINT DRIVE		
CITY - ST - ZIP	MIAMI FL 33157		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS			
CITY - ST - ZIP			

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04/20/04-80001-012 141.25

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:  **4/6/04 305-233-0039**

STAPLE CHECK HERE