## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000870 1. Entity Name								
JACOB LEVINE & ASSOCIATES, LTD.					FILE	D	1	
Principal Place of Business Mailing Address				01		AN 11: 48	: 1	
3221 N.E. 57TH COURT 3221 N.E. 57TH COI				Ų i	1624 *	44411 40	1	•
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 3			306	SE	CRETARY C	FSTATE	1	
				TAL	LAHASSEE		i Bini Adılı Balıl darı	ti (816) (80)) 80)) 3006
2. Principal F	Place of Business /	3. Mailing Address			{ UU U    { 	DIE 18318 18111 EELII 88311 E		
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State	City & State		4. FEI Number 65-0928932 Applied For Not Applicate		Applied For Not Applicable	
Zip Country		Zip	Country	у	5. Certificate of	of Status Desired	\$8.7	5 Additional lequired
6. Name and Address of Current Registered Agent			Ţ		7. Name and	Address of New Reg		
				Name				
KTG&S REGISTERED AGENT CORPORATION			<del></del>	Street Address (F	P.O. Box Number	is Not Acceptable)	1	
MIAMI FL	ND STREET, 28TH FLOOR		-	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
MIAMITE	33131	•	-	O't-			<u> </u>	
			City				p 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation)								
9. Capital Contributions 4 10. Amount of Capital Contributions 4.1 News Outcome Payana To prot of Capital								EPT OF STATE
as Shown on record. Will USO in FLORIDA to date. 1, 700,000.00 SEE REVERSE SIDE FOR FEE INFORMATI								
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			3. ADDRESS CHANGES ONLY				
DOCUMENT # NAME	P99000022508   JACOB LEVINE, INC.		STREET	ADDRESS				
STREET ADDRESS	3221 N.E. 57TH COURT		1					
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		CITY-ST-ZIP					
DOCUMENT # NAME			STREET	ADDRESS			1	
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CITY-ST-ZIP			CITY-ST-ZIP			mamamam at m		1171
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NAME STREET ADDRESS					**	****52	6.25 **	**526.25
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CITY-ST-ZIP .			CITY-ST	- ZIP	5 × 2			
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								
the receive	er or trustee empowered to execute	this report as required by Chap	ter 620, Floi	rida Statutes			, or 5 to 1011	a partitionality Of

SIGNATURE:

Jacob Levine for

SIGNATURE:

Jacob Levine for

954-771-7288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER GENER