

FLORIDA DEPARTMENT, OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

A 99 000000 988

DOCUMENT # 1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

LEVENTHAL PARTHERCHIP, LTD.

FILED 01 FEB 20 PM 3: 58 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

·			:				
2. Principal Office Address 130 SUNN ISE AUE.	3. Mailing Office Address 130 SUNAISE AVE.			4. Date To D	Formed or Registered b Business in Florida	NE	18, 1929
Suite, Apt. #, etc.	Suite, Apt. #, etc.				lumber ,5 - 093 467	3	Applied For Not Applicable
City & State PACM BEACIF, FC.	City & State - CACM & E	ACIT, FL	; ; ,	~	FICATE OF STATUS DESIRED	for a	dditional Fee required Certificate of Status
	^{Zip} 33480	PACM BE	Acu		oital Contributions as shown o	<u>000</u>	n data:
8. Name and Address of Current Registered Agent					·	3	0,000.00
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State Zip Code				FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate			
Polm Brach	FL	OSPEE			ppropriate filing fee.		
Pursuant to the provisions of sections 620.1051 and 620.15 for the purpose of changing its registered office or register agent. I am familiar with, and accept the obligations of sections. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS	ed agent, or both, in the State tion 620.192, Florida Statutes.	of Florida. Such change v	PAR	rized by its	general partner(s). I hereby acc 100037 -02/23/0 ***** 41 SHIP OR OTHER	ept the appoin 301 1010 -25 *	17 1 - 4 19 1 - 4 19 1 - 4 19 1 - 10 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code		10a.	Registration Document Number
- MORIEC LEVENTHAL BRUCE LEVENTHAL	13.0 SUNA	-1SE AUE: 2878 ST. 9187 ST.	\ \ \ \	Fing Ew	BEACH FC YOZK NO YOZK NY	A 9 9	666 6 6000
STUART COUENTHAL	1236.		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O 1 9 01033	14
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S on this annual report is true and accurate and that my significant trustee empowered to execute this report as required by	ection 119.07(3)(i) in the event gnature shall have the same k	that the information supplied a the the thick that the information supplied that the thick that	lied is dec	emed exem	pt from public access. I further o	ertify that the	information indicated

EUENTHA!

RESPICURE, INC.

150 East 58th Street – 17th Floor New York, New York 10155 Tel: 212 838 8333 Fax: 212 838 2448

> Wednesday 22 November 2000

Katherine Harris Secretary of State FLORIDA DEPARTMENT OF STATE Division of Corporations P. O. Box #6327 Tallahassee, FLORDIA 32314

Re: LEVENTHAL PARTNERSHIP, LTD.

DOCUMENT NUMBER A-99000000988

Dear Madam Secretary:

I am in receipt of your 11 October 2000 letter relating to Leventhal Partnership, Ltd.

Paragraph 2 of your enclosure to that letter states.....

"Pursuant to section 620.178(2)(a), Florida Statutes, the department provided this partnership at least 60 days' notice, by mail, of the pending-revocation."

Madam Secretary, we <u>never received</u> any of your notifications(s) of any sort relating to a pending revocation by the Registration Section, Division of Corporations. <u>This is the reason why we did not respond accordingly immediately.</u>

Enclosed please find a completed Limited Partnership Reinstatement Form as well as Checks # $\frac{5415}{52.50}$ & # $\frac{515}{52.50}$ covering appropriate fees respectively for processing the Application for Reinstatement.

In view of our not receiving any advance notification by mail at any time of pending revocation I am requesting that the \$500.00 penalty be rescinded. Thank you for your cooperation in this matter.

Sincerely yours,

Stuart Leventhal

SL: jlh

Encls. (1) Limited Partnership Reinstatement Form

- (2) Check #SUS (\$ 52.50)
- (3) Check #516 (\$ 88.75)

RESPICURE, INC. 150 East 58th Street – 17th Floor New York, New York 10155 Tel: 212 838 8333 Fax: 212 838 2448

> Wednesday 14 February 2001

Ms. Diane Cushing Corporate Specialist Florida Department of State Division of Corporations P. O. Box # 6326 Tallahassee, FLORIDA 32314

Re: LEVENTHAL PARTNERSHIP, LTD. Ref. Number A-9900000988

Letter Number: 801A00007777

Dear Ms. Cushing:

Thank you for your 8 February 2001 letter with specific reference to subject partnership.

As directed by you I am enclosing an additional check in the amount of \$141.25 as payment of filing fee for the year 2001.

I regret any inconvenience this may have caused your department with the hope that this submission will permit completion of the necessary partnership filing.

SL: j1h

Encl. (1) Check #5124 (\$ 141.25)