

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90071 025 \*\*\*\*50.00

DOCUMENT # L02000025822

1. Entity Name

LEVY INVESTMENT HOLDINGS, L.L.C.



Principal Place of Business

3500 GALT OCEAN MILE, SUITE 2705  
C/O SASSON MOULAVI  
FT. LAUDERDALE FL 33308

Mailing Address

3500 GALT OCEAN MILE, SUITE 2705  
C/O SASSON MOULAVI  
FT. LAUDERDALE FL 33308

44001685



2. Principal Place of Business

1576 TRATCH PALM  
Suite, Apt., etc.

3. Mailing Address

1576 TRATCH PALM  
Suite, Apt., etc.

CHECK HERE IF MAKING CHANGES

City & State

DOCA RATON FL

City & State

DOCA RATON FL

4. FEI Number

51-0437479

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD.  
SUITE 485-SOUTH  
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR  
NAME: MOULAVI, SASSON  
STREET ADDRESS: 3500 GALT OCEAN MILE, SUITE 2705  
CITY-ST-ZIP: FT. LAUDERDALE FL 33308  
 Delete

TITLE:   
NAME:   
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10. ADDITIONS / CHANGES

TITLE:   
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 Change  Addition

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TITLE:   
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 Change  Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*SASSON MOULAVI*

SASSON MOULAVI 4/16/03 954-599-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)