

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053929

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: LEVIEV BOYMELGREEN VITRI HOLDINGS, LLC

**Current Principal Place of Business:**

3050 BISCAYNE BLVD.  
SUITE 700  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

3050 BISCAYNE BLVD.  
SUITE 700  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENABAD, CORALEE G  
3050 BISCAYNE BLVD,  
SUITE 700W  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLYMPIA FLORIDA, LLC,  
Address: 3050 BISCAYNE BLVD., SUITE 700  
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete  
Name: BOYMELGREEN, JESHAYAHU  
Address: 752 PACIFIC STREET, 6TH FLOOR  
City-St-Zip: BROOKLYN, NY 11238

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CORALEE PENABAD, AUTHORIZED REPRESENTATIVE MGR                      04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date