


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

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| DOCUMENT # J10265 1. Entity Name LEVY LAND COMPANY |  |
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| Principal Place of Business 10691 N KENDALL DR SUITE 108 MIAMI, FL 33176 | Mailing Address 10691 N KENDALL DR SUITE 108 MIAMI, FL 33176 |
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02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0009189 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent STECHMANN, ROBERT A. 10691 N. KENDALL DR SUITE 108 MIAMI, FL 33176 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD STECHMANN, ROBERT A. 10691 N. KENDALL DR., #108 MIAMI, FL 33176 |
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03/01/07-80047-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Stechmann* 2/20/07 3055986253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #