## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Mar 13, 2006 08:00 AM Secretary of State

DOCUMENT # L	_000000004707
--------------	---------------

1. Entity Name

LEVIN TANNENBAUM BAND AND GATES, P.L.

Principal Place of Business

Mailing Address

1680 FRUITVILLE ROAD STE 102 SARASOTA, FL 34236 1680 FRUITVILLE ROAD STE 102

SARASOTA, FL 34236



03022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1002110 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, JEROME S 1680 FRUITVILLE ROAD STE 102 SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

STE 102 SARASOTA, FL 34236			IN THIS SPACE	
	named entity submits this statement for the purpose of chan tions of registered agent	ging its registered office or r	egistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable.	(NOTE, Registered Agent signature	required when reinslating? DATE	
F	lling Fee is \$50.00 ue by May 1, 2006			
9. TILE	MANAGING MEMBERS/MANAGERS MGR			
NAME STRUET ADDRESS CHY-ST-ZIP	LEVIN & TANNENBAUM, P.A. 1680 FRUITVILLE ROAD STE 102 SARASOTA, FL 34236		1108000466544 03/23/06-80016-002- <b>50.</b> 0 <b>0</b>	
TITLE NAME STREET ADDRESS			Ω34534™D-9001D-00€ 30°00	
TITLE NAME	·			
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-2IP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CSTY-ST-ZIP				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 on the receiver or trusted importance to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPEO'OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone ii