

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016155

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: CASS, LEVY & LEONE, L.C.

**Current Principal Place of Business:**

440 COLUMBIA DRIVE, SUITE 500  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

440 COLUMBIA DRIVE  
SUITE 500  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

440 COLUMBIA DRIVE, SUITE 500  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

440 COLUMBIA DRIVE  
SUITE 500  
WEST PALM BEACH, FL 33409

FEI Number: 65-1062881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASS, MARTIN  
440 COLUMBIA DRIVE, SUITE 500  
WEST PALM BEACH, FL 33409 US

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

CASS, MARTIN  
440 COLUMBIA DRIVE  
SUITE 500  
WEST PALM BEACH, FL 33409 US

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:

02/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASS, MARTIN  
Address: 440 COLUMBIA DRIVE, SUITE 500  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR ( ) Delete  
Name: LEVY, HOWARD S  
Address: 440 COLUMBIA DRIVE, SUITE 500  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR ( ) Delete  
Name: LEONE, MICHAEL S  
Address: 440 COLUMBIA DRIVE, SUITE 500  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES:**

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

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: MARTIN CASS

MGRM

02/27/2009

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