

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002887

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: JADOV/LEVY INVESTMENTS, LLC

**Current Principal Place of Business:**

14470 PALM BEECH POINT BLVD  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

14470 PALM BEECH POINT BLVD  
WELLINGTON, FL 33414

**New Mailing Address:**

1615 POYDRAS STREET  
SUITE 1280  
NEW ORLEANS, LA 70112

FEI Number: 59-3715015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ISBELL, GREG  
14470 PALM BEACH POINT BLVD  
WELLINGTON, FL 33414 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: LEVY, FRANK L  
Address: 312 N CAUSEWAY BLVD  
City-St-Zip: METAIRIE, LA 70001

Title: MGR ( ) Delete  
Name: ISBELL, GREG  
Address: 14470 PALM BEACH POINT BLV  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEVY, FRANK L  
Address: 1615 POYDRAS STREET, SUITE 1280  
City-St-Zip: NEW ORLEANS, LA 70112

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK L LEVY

MR

01/19/2005

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