

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002887

FILED  
Mar 04, 2008  
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:**

1615 POYDRAS STREET  
SUITE 1280  
NEW ORLEANS, LA 70112

**New Mailing Address:**

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:**

ISBELL, GREG  
7199 ST ANDREWS ROAD  
LAKE WORTH, FL 33467 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:

03/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: ISBELL, GREG  
Address: PO BOX 1107  
City-St-Zip: OKACHOBEE, FL 34973

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: FRANK L. LEVY

VP

03/04/2008

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