

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90133 026 \*\*\*\*50.00

DOCUMENT # L01000022107

1. Entity Name

Companies  
LEVITT, LLC

LEVITT COMPANIES, LLC

NIC  
FLD  
3/19/02  
mm

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite Apt. # etc.  
1750 E. SUNRISE BLVD., 3RD FLOOR  
FT. LAUDERDALE, FL 33304

3. Mailing Address

P.O. BOX 5403

Suite Apt. # etc.  
FT. LAUDERDALE, FL 33310-5403

City &amp; State

Zip

Country

Zip

Country

4. FEL Number

59-2443818

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Glen R. Gilbert

Street Address (P.O. Box Number is Not Acceptable)

1750 E. SUNRISE BLVD., 3RD FLOOR  
FT. LAUDERDALE, FL 33304

City

FL

Zip Code

DO NOT WRITE  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

GLEN R. GILBERT

Executive Vice President

4/24/2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRN  
BankAtlantic Bancorp  
1750 E. SUNRISE BLVD., 3RD FLOOR  
FT. LAUDERDALE, FL 33304TITLE  
NAME  
STREET ADDRESS  
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

GLEN R. GILBERT

Executive Vice President

4/24/2002

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #