

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022501

Entity Name: RONALD C. LEVINE, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

4300 N. UNIVERSITY DRIVE
SUITE A-106
FT. LAUDERDALE, FL 33351

New Principal Place of Business:

790 EAST BROWARD BOULEVARD
SUITE 302
FT. LAUDERDALE, FL 33301

Current Mailing Address:

4300 N. UNIVERSITY DRIVE
SUITE A-106
FT. LAUDERDALE, FL 33351

New Mailing Address:

790 EAST BROWARD BOULEVARD
SUITE 302
FT. LAUDERDALE, FL 33301

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE & SEGAUL, P.A.
4300 N. UNIVERSITY DRIVE
SUITE A-106
FT. LAUDERDALE, FL 33351 US

Name and Address of New Registered Agent:

LAWRENCE A LEVINE, PA
790 EAST BROWARD BOULEVARD
SUITE 302
FT. LAUDERDALE, FL 33301 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: LAWRENCE A. LEVINE

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEVINE, LAWRENCE A TRUSTEE
Address: 4300 N. UNIVERSITY DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33351

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVINE, LAWRENCE A TRUSTEE
Address: 790 EAST BROWARD BOULEVARD
City-St-Zip: FT. LAUDERDALE, FL 33301

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: LAWRENCE A. LEVINE

MGRM

04/28/2005

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