

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000022930

1. Entity Name
LEV ASSOCIATES, L.L.C.



Principal Place of Business
10350 SILVER LAKE DR
BOCA RATON, FL 33428

Mailing Address
10350 SILVER LAKE DR
BOCA RATON, FL 33428



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1194324

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINE, ROBERT F
10350 SILVER LAKE DR
BOCA RATON, FL 33428

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LEVINE, ROBERT F
10350 SILVER LAKE DR
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LEVINE, RICHARD S
10350 SILVER LAKE DR
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEVINE, BRENDA M
10350 SILVER LAKE DR
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KALFUS, JAIME I
10350 SILVER LAKE DR
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/11/07 08:00 AM 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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

Date

Daytime Phone #

Jan 9 2007 5614873877