

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90132 036 ****50.00

DOCUMENT # L03000024274

1. Entity Name
LEVINE & COMPANY, LLC



Principal Place of Business

2875 NE 191 STREET
SUITE 800
MIAMI, FL 33180

Mailing Address

2875 NE 191 STREET
SUITE 800
MIAMI, FL 33180



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0095003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GILINSKI, ABRAHAM
STREET ADDRESS	228 PARK DRIVE
CITY-ST-ZIP	BAL HARBOUR, FL 33154

TITLE	MGRM
NAME	GILINSKI, ABRAHAM
STREET ADDRESS	287 BAL CROSS DRIVE
CITY-ST-ZIP	BAL HARBOUR, FL 33154

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #

05/19/05

305 933 9390