

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037139

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** BROKERS TOWN & COUNTRY REALTY, LLC

**Current Principal Place of Business:**

6447 N.W. HALIBUT STREET  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

6102 N.W. GAUSE AVENUE  
PORT ST. LUCIE, FL 34986 US

**Current Mailing Address:**

6447 N.W. HALIBUT STREET  
PORT ST. LUCIE, FL 34986 US

**New Mailing Address:**

6102 N.W. GAUSE AVENUE  
PORT ST. LUCIE, FL 34986 US

**FEI Number:** 59-3774103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, MICHAEL R  
6447 N.W. HALIBUT STREET  
PORT ST LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

LEVINE, MICHAEL R  
6102 N.W. GAUSE AVENUE  
PORT ST LUCIE, FL 34986 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: MICHAEL LEVINE

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LEVINE, MICHAEL R  
Address: 6447 N.W. HALIBUT STREET  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGRM ( ) Delete  
Name: LEVINE, MICHELLE J  
Address: 6447 N.W. HALIBUT STREET  
City-St-Zip: PORT ST LUCIE, FL 34986 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEVINE, MICHAEL R  
Address: 6102 N.W. GAUSE AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGRM (X) Change ( ) Addition  
Name: LEVINE, MICHELLE J  
Address: 6102 N.W. GAUSE AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: MICHAEL LEVINE

MGRM

04/29/2005

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