2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE ARD TYPED OF

Jan 31, 2007 8:00 am Secretary of State DOCUMENT # L03000041527 1. Entity Name 01-31-2007 90086 021 ****50.00 LEVINE PARK, LLC Mailing Address Principal Place of Business 23799 S.W. 167TH AVENUE 23799 S.W. 167TH AVENUE HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 01282007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0124149 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MUNZ, CHARLES P DO NOT WRITE 23799 S.W. 167TH AVENUE HOMESTEAD, FL 33031 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) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME MUNZ, CHARLES P 23799 S.W. 167TH AVENUE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL: 33031 TITLE MGRM TAYLOR, RENE NAME STREET ADDRESS 31400 S.W. 208TH COURT CITY-ST-79 HOMESTEAD, FL 33030 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this mag 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:

R. OR AUTHORIZED REPRESENTATIVE

FILED