


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90240 007 \*\*\*\*50.00

<b>DOCUMENT # L04000027970</b>	
1. Entity Name <b>LEAVIC PROPERTIES, LLC</b>	

Principal Place of Business <b>C/O 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433 US</b>	Mailing Address <b>C/O 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433 US</b>
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2. Principal Place of Business <b>2712 NE 4 St</b> Suite, Apt. #, etc. <b>Pompano Beach FL</b>	3. Mailing Address <b>2712 NE 4 St</b> Suite, Apt. #, etc. <b>Pompano Beach FL</b>
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City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33062</b>	Country <b>USA</b>

	
1st MOORE	CR2E083 (10/04)
4. FEI Number <b>200995083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MORRIS, STUART R ESQ. 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433</b>	
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7. Name and Address of New Registered Agent Name <b>Victor Toledano</b> Street Address (P.O. Box Number is Not Acceptable) <b>2712 NE 4 St</b> City <b>Pompano Beach</b> FL Zip Code <b>33062</b>	
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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  DATE **3/13/05**  
Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Victor Toledano</b> <input type="checkbox"/> Delete <b>manager</b> <b>2712 NE 4 St</b> <b>Pompano Beach, FL</b> <b>33062</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/13/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #