

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033327

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** LEVIEV BOYMELGREEN SOLEIL DEVELOPERS, LLC

**Current Principal Place of Business:**

3050 BISCAYNE BLVD.  
700  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

3050 BISCAYNE BLVD.  
700  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-1701067      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HELLINGER, ANDREW B ESQ.  
C/O MELAND RUSSIN HELLINGER & BUDWICK, PA  
200 S. BISCAYNE BLVD., 3000 WACH FIN CNTR.  
MIAMI, FL 33131 US

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

PENABAD, CORALEE G ESQ.  
3050 BISCAYNE BLVD.  
700W  
MIAMI, FL 33137 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: CORALEE G. PENABAD

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLYMPIA FLORIDA, LLC,  
Address: 700 PACIFIC STREET  
City-St-Zip: BROOKLYN, NY 11217

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JESHAYAHU BOYMELGREEN

M

05/01/2006

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