

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90010 041 ****50.00

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1. Entity Name
L & L REAL ESTATE GROUP, LLC

Principal Place of Business
2101 CORPORATE BLVD. NW
SUITE 317
BOCA RATON, FL 33431

Mailing Address
2101 CORPORATE BLVD. NW
SUITE 317
BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-1510311

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOEL I
2101 CORPORATE BLVD. NW
SUITE 317
BOCA RATON, FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LEVY, JOEL I
STREET ADDRESS 51000 FEATHERSTONE WAY
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 15000 Featherstone Way
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME LEVY, SHEILA B
STREET ADDRESS 51000 FEATHERSTONE WAY
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15000 Featherstone Way
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME LICATA, PATRICIA
STREET ADDRESS 1862 VALLEY WOOD WAY
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 311 Washington Ave
CITY-ST-ZIP LAKE Mary, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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: ☒

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

Date

Daytime Phone #

x 1/11/07 x 561-9987770