2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2005
Secretary of State

DOCUMENT# L05000000115

Entity Name: LEVY 2004, LLC

Current Principal Place of Business:

6427 EGRET TERRACE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6427 EGRET TERRACE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-2079332 **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:

LEVY, URI
6427 EGRET TERRACE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEVY, IRIS
Address: 6427 EGRET TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete
Name: LEVY, URI
Address: 6427 EGRET TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete
Name: LEVY, RUBEN
Address: 6427 EGRET TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete
Name: LEVY, MARYANN M
Address: 6427 EGRET TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

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

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

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

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 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: URI LEVY MGRM 07/12/2005

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