2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007
Secretary of State

DOCUMENT# L05000027778

Entity Name: LEAVITT HOLDING COMPANY, LLC

Current Principal Place of Business:

13225 SHARSWOOD CIR.
ORLANDO, FL 32828

New Principal Place of Business:

3050 ALAFAYA TRAIL
SUITE 1000
OVIEDO, FL 32765

Current Mailing Address:

1969 S ALAFAYA TRL
ORLANDO, FL 32828

New Mailing Address:

3050 ALAFAYA TRAIL
SUITE 1000
OVIEDO, FL 32765

FEI Number: 20-2772845 **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:

LOWMAN, WILLIAM R ESQ
1000 LEGION PLACE SUITE 1700
ORLANDO, FL 32801 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: LEAVITT, DOREEN
Address: 13225 SHARSWOOD CIR
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEAVITT, DOREEN
Address: 4047 ANDOVER CAY BLVD.
City-St-Zip: ORLANDO, FL 32825

Title: MGR ( ) Change (X) Addition
Name: LEAVITT, BRAD
Address: 4047 ANDOVER CAY BLVD.
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify 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: DOREEN LEAVITT MGR 05/16/2007

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