


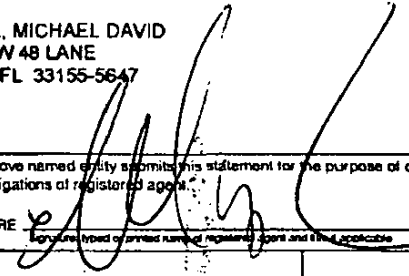
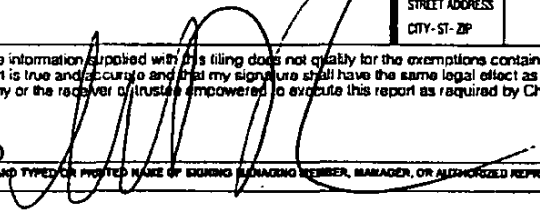
# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90084 028 \*\*\*150.00

30001981



<b>DOCUMENT # L05000053553</b>					
1. Entity Name <b>MICHAEL DAVID LEVINE LLC</b>					
Principal Place of Business <b>7086 SW 48 LANE MIAMI, FL 33155</b>			Mailing Address <b>7086 SW 48 LANE MIAMI, FL 33155</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>200120995</b>	
				Applied For 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>LEVINE, MICHAEL DAVID 7076 SW 48 LANE MIAMI, FL 33155-5647</b>			7. Name and Address of New Registered Agent Name <b>LEVINE, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>7086 SW 48 LN.</b> City <b>MIAMI</b> FL Zip Code <b>33155</b>		
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 <b>1/27/06</b>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEVINE, MICHAEL DAVID 7076 SW 48 LANE MIAMI, FL 33155-5647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEVINE, MICHAEL DAVID 7086 SW 48 LN. MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 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: 				Date <b>1/27/06</b> 786.229.3228	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT 30001981  
#205000053553

**PRINCETON PROFESSIONAL SERVICES**  
13011 SW 259 STREET  
P.O. BOX 924342 HOMESTEAD, FL 33032  
(305) 258-5670

DATE: 1/26/06

**DO NOT MAIL THIS INSTRUCTION SHEET WITH YOUR ORIGINAL DOCUMENTS**

FORM NO. Corp Annual Report YEAR ENDED: 2006

TAXPAYER: Michael David Levine LLC

MAIL ON OR BEFORE: 4/15/06

Corrected  
the address -  
for the company

**PLEASE FOLLOW INSTRUCTIONS AS CHECKED**

- ☒ PLEASE SIGN AT (X) placed  
☐ INDICATE TITLE AT (X)  
☐ NO REMITTANCE NECESSARY-REFUND \$  
☒ WRITE CHECK IN THE AMOUNT OF \$ 150.00 DUE: 4/15/06

**MAKE CHECK PAYABLE TO:**

- ☐ UNITED STATES TREASURY  
☐ FLORIDA UNEMPLOYMENT COMPENSATION FUND  
☐ FLORIDA DEPARTMENT OF REVENUE  
☒ YOUR BANK WITH FEDERAL DEPOSITORY COUPON FOR:  
☐ FLORIDA DEPARTMENT OF STATE

**MAIL SIGNED DOCUMENTS TO:**

- ☐ INTERNAL REVENUE SERVICE CENTER, OGDEN, UT 84201-0005  
☐ FLORIDA DEPT. OF REVENUE, 5050 W. TENNESSEE STREET  
TALLAHASSEE, FL 32399-0125  
☐ FLORIDA DEPT. OF REVENUE, UNEMPLOYMENT TAX  
5050 W. TENNESSEE STREET  
TALLAHASSEE, FL 32399-0125  
☒ DIVISION OF CORPORATIONS- ANNUAL REPORTS SECTION  
P.O. BOX 1500,  
TALLAHASSEE, FL 32302-1500

mail

Attachment



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

MICHAEL DAVID LEVINE LLC  
7086 SW 48 LANE  
MIAMI, FL 33155

Subject: MICHAEL DAVID LEVINE LLC

Reference Number: L05000053553

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION