

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056969

Entity Name: LEVY FLORIDA VENTURES, LLC

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

6000 ISLAND BOULEVARD
603
AVENTURA, FL 33160

Current Mailing Address:

6000 ISLAND BOULEVARD
603
AVENTURA, FL 33160

New Principal Place of Business:

6799 COLLINS AVENUE
S204
MIAMI BEACH, FL 33141

New Mailing Address:

6799 COLLINS AVENUE
S204
MIAMI BEACH, FL 33141

FEI Number: 20-3051766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, HOWARD W ESQ.
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131 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: MGRM () Delete
Name: LEVY VENTURES LIMITE, D PARTNERSHIP
Address: 6000 ISLAND BOULEVARD, #603
City-St-Zip: AVENTURA, FL 33160

Title: DR () Delete
Name: LEVY, ELLIOT G
Address: 6000 ISLAND BOULEVARD, #603
City-St-Zip: AVENTURA, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVY VENTURES LIMITE, D PARTNERSHIP
Address: 6799 COLLINS AVENUE, SUITE S204
City-St-Zip: MIAMI BEACH, FL 33141

Title: DR (X) Change () Addition
Name: LEVY, ELLIOT G
Address: 6799 COLLINS
City-St-Zip: MIAMI BEACH, FL 33141 US

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: ELLIOT G LEVY

DR

02/23/2009

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