

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-05-2006 90033 015 ***150.00

DOCUMENT # L050000 69770

1. Entity Name

LL Opportunities, LLC



DO NOT WRITE IN THIS SPACE

30011569

CR2E034B (8/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
45 HILL PARK AVE

Suite, Apt. #, etc.
45 HILL PARK AVE.

City & State
GREAT NECK NY

City & State
GREAT NECK NY

Zip
11021

Country
USA

Zip
11021

Country
USA

4. FEI Number

20-7177019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Arthur J. PERK, Attorney at Law

Street Address (P.O. Box Number is not acceptable)
848 BRICKELL AVE. - STE 200

City
Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MANAGING PARTNER
SAMUEL J. LEVINE
45 HILL PARK AVE.
GREAT NECK, NY 11021

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Managing Partner
Greg Lieberman
5200 N.W. 11th Ave
West Palm Beach, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Mort Woods Managing Partner
8719 Indem River Run
Boynton Beach, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

Daytime Phone #