

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080631

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: LEVMAR INVESTMENTS, LLC

**Current Principal Place of Business:**

1291 LEAF TERRACE  
SAN DIEGO, CA 92114

**New Principal Place of Business:**

26013 RACHEL HILL DRIVE  
SOUTH RIDING, VA 20152

**Current Mailing Address:**

PO BOX 223835  
CHANTILLY, VA 20153

**New Mailing Address:**

26013 RACHEL HILL DRIVE  
SOUTH RIDING, VA 20152

FEI Number: 20-3380685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAYCEDO, LEVIS A  
3825 LANCEWOOD DRIVE  
CORAL SPRINGS, FL 33065 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: CAYCEDO, MARIE  
Address: 1291 LEAF TERRACE  
City-St-Zip: SAN DIEGO, CA 92114

Title: MGR ( ) Delete  
Name: CAYCEDO, LEVIS A  
Address: 3825 LANCEWOOD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CAYCEDO, MARIE  
Address: 26013 RACHEL HILL DRIVE  
City-St-Zip: SOUTH RIDING, VA 20152

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

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: LEVIS A CAYCEDO

MR

04/06/2008

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