2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L05000081883

Entity Name: LEVITT INSURANCE SERVICE, LLC

Current Principal Place of Business:

2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2200 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

Current Mailing Address:

P.O. BOX 5403
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 20-3362089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: LEVITT CORPORATION,
Address: 2100 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEVITT CORPORATION,
Address: 2200 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE P. SCANLON CFO 04/19/2007

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