

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081883

FILED
Apr 14, 2008
Secretary of State

Entity Name: LEVITT INSURANCE SERVICE, LLC

Current Principal Place of Business:

2200 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2100 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: 2200 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVITT CORPORATION,
Address: 2100 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 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: SETH WISE

P

04/14/2008

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