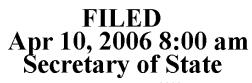
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L050000 1. Entity Name LEVEL GREEN 675 LLC	91587		04-10-2006 90047 047 ******30.00
Principal Place of Business 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202	Mailing Address 8210 LAKEWOOD RAN BRADENTON, FL 3420		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· <u></u>	03032006 Chg-LLC CR2E083 (11/05)
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent
NEAL, JOHN A 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202		Street Address	s (P.O. Box Number is Not Acceptable)
DIVIDENTON, LE 34202			
		City	FL Zip Code
 The above named entity submits this statem the obligations of registered agent. 	ent for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable (NOT	E: Registered Agent signature requir	ired when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State
	EMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MGR NAME NEAL, JOHN A STREET ADDRESS 8210 LAKEWOOD RANCH GITY-ST-ZIP BRADENTON, FL 34209	☐ Delete	TITLE NAME STREET ADORESS CRY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Ctange ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
SIGNATURE: Swold	d with this filing does not qualify for and that my signature shall have trustee empowered to execute this	SVV	egin Chapter 119, Florida Statutes. I further certify that the information made ander oath; that I am a managing member or manager of the lapter 508, Florida Statutes. 9413281034 BERNIAITE Date Dayure Phone