

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90143 041 \*\*\*\*50.00

DOCUMENT # L05000098895

1. Entity Name  
LEVEL HEADED, L.L.C.



Principal Place of Business  
1518 OCEAN DRIVE  
VERO BEACH, FL 32963

Mailing Address  
1518 OCEAN DRIVE  
VERO BEACH, FL 32963

20031010



2. Principal Place of Business

3. Mailing Address

3545 OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

07192006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

VERO BEACH, FL

4. FEI Number

20-3610213

Applied For

Not Applicable

Zip

Country

Zip

32963

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOYD, ROBIN A SR.  
3545 OCEAN DRIVE, SUITE 201  
VERO BEACH, FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME HEATH, DEREK E  
STREET ADDRESS 1518 OCEAN DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-28-06 772-234-4660

Date

Daytime Phone #

Derek F. Heath