2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000098895

1. Entity Name

LEVEL HEADED, L.L.C.



FILED Feb 14, 2007 08:00 AN Secretary of State

Principal Place of Business

1518 OCEAN DRIVE VERO BEACH, FL 32963 Mailing Address

3545 OCEAN DRIVE

STE 201 VERO BEACH, FL 32963



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

 FEI Number 20-3610213 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEATH, DEREK E 1518 OCEAN DRIVE VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

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