

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105902

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** LEWBERG LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1250 GULFSHORE BLVD S  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1250 GULFSHORE BLVD S  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 83-0438973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 US

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: GOLDBERG, GERALD I  
Address: 1250 GULFSHORE BLVD SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: LEWIS, JEROME P  
Address: 124 SUNESTA COVE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERALD GOLDBERG

M.M.

05/01/2008

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