


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90067 017 ****50.00

DOCUMENT # L05000107394		
1. Entity Name L & W REAL ESTATE GROUP, LLC		

Principal Place of Business 1700 SOUTHEAST HILLMOOR DRIVE, SUITE 401 PORT ST. LUCIE, FL 34952	Mailing Address 1700 SOUTHEAST HILLMOOR DRIVE, SUITE 401 PORT ST. LUCIE, FL 34952
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20040884



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3730809	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ENGLEBERG, MORRIS ESQ. 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4040 SHERIDAN STREET City HOLLYWOOD FL Zip Code 33021	
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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 Morris Engelberg, Esq. 03-24-2006
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when changing.) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, ALAN M.D. 1700 SOUTHEAST HILLMOOR DRIVE, SUITE 401 PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Alan Levin, M.D., Mgrm 03-24-2006

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

Date

Daytime Phone #