## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L05000107394

L & W REAL ESTATE GROUP, LLC



# **FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90062 007 \*\*\*138.75

Principal	Place of	Business
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Mailing Address

1700 SOUTHEAST HILLMOOR DRIVE, SUITE 401 PORT ST. LUCIE, FL 34952

1700 SOUTHEAST HILLMOOR DRIVE, SUITE 401; PORT ST. LUCIE, FL 34952

60031045



04162008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-3730809

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGLEBERG, MORRIS ESQ.

CITY-ST-ZIP

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4040 SHERIDAN ST HOLLYWOOD, FL 33021			IN THIS SPACE		
	a named entity submits this statement for the purpose of changlions of registered agent.	ging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept		
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)	DATE		
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM	· —-			
NAME	LEVIN, ALAN M.D.				
STREET ADDRESS	1700 SOUTHEAST HILLMOOR DRIVE, SUITE 401				

## CITY-ST-ZIP PORT ST. LUCIE, FL 34952 TIT! F NAME STREET ADDRESS CITY-ST-ZIP MALKE STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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: