

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107394

Entity Name: L & W REAL ESTATE GROUP, LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1701 SOUTHEAST HILLMOOR DRIVE
C-11
PORT ST. LUCIE, FL 34952

New Mailing Address:

1701 SOUTHEAST HILLMOOR DRIVE
C-11
PORT ST. LUCIE, FL 34952

FEI Number: 20-3730809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLEBERG, MORRIS ESQ.
4040 SHERIDAN ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: LEVIN, ALAN M.D.
Address: 1700 SOUTHEAST HILLMOOR DRIVE, SUITE 401
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVIN, ALAN M.D.
Address: 1701 SOUTHEAST HILLMOOR DRIVE, SUITE C-11
City-St-Zip: PORT ST. LUCIE, FL 34952

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: ALAN LEVIN, M.D.

PRES

02/13/2009

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