


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90220 036 ****50.00

DOCUMENT # L05000122554					
1. Entity Name LEVY COUNTY 54 VENTURES, LLC					
Principal Place of Business 3858-S SHERIDAN ST. HOLLYWOOD, FL 33021			Mailing Address 3858-S SHERIDAN ST. HOLLYWOOD, FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHECHTER, STUART A 3858 SHERIDAN ST. HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) 3858-S Sheridan Street City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	Managing Member Stuart A. Schechter		STREET ADDRESS		
CITY-ST-ZIP	3858-S Sheridan Street Hollywood, FL 33021		CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Stuart A. Schechter			STUART A. SCHECHTER 3/17/06 954-961-6111		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		