
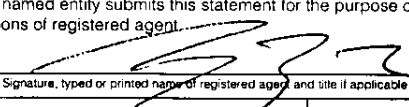
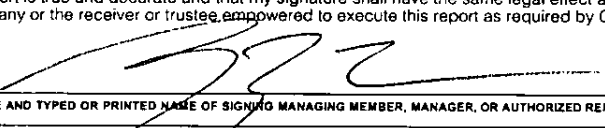


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90184 037 ****50.00

DOCUMENT # L06000053951					
1. Entity Name JEFFREY JAY LEVINE, L.L.C.					
Principal Place of Business 5116 CORBEL LAKE WAY BOYNTON BEACH, FL 33437			Mailing Address 5116 CORBEL LAKE WAY BOYNTON BEACH, FL 33437		
2. Principal Place of Business - No P.O. Box # 11073 Seaport Lane Suite, Apt. #, etc.		3. Mailing Address 11073 Seaport Lane Suite, Apt. #, etc.			
City & State Boca Raton, FL Zip: 33428 Country: US		City & State Boca Raton, FL Zip: 33428 Country: US		4. FEI Number 20-8499922 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03072007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LEVINE, JEFFREY 5116 CORBEL LAKE WAY BOYNTON BEACH, FL 33437			7. Name and Address of New Registered Agent Name: Jeffrey Jay Levine Street Address (P.O. Box Number is Not Acceptable): 11073 Seaport Lane City: Boca Raton FL Zip Code: 33428		
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:  DATE: 3/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: Jeffrey Jay Levine STREET ADDRESS: 11073 Seaport Lane CITY-ST-ZIP: Boca Raton, FL 33428	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Date: 3/5/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		