

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-23-2007 90207 013 ****50.00

30002963



02072007 Chg-LLC CR2E083 (12/06)

4. FEL Number 205082650 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIGHTMAN, JONATHAN J P A
120 E. PALMETTO PARK ROAD, SUITE 100
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name Gary A. Levinson
Street Address (P.O. Box Number is Not Acceptable)
1451 Ocean Drive, Suite 205
City Miami Beach FL Zip Code 33139

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 [Signature] DATE 2-16-07
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LEVINSON, GARY A
STREET ADDRESS 1451 OCEAN DRIVE, UNIT 205
CITY-ST-ZIP MIAMI BEACH, FL 33139

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: [Signature] DATE 2-16-07 (305) 374-3471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE