## FILED Apr 30, 2007 8:00 am Secretary of State

ANNUAL REPORT	T

ANNUAL REPORT					Secretary or State				
DOCUMENT # L06000082639  1. Entity Name LEVI E PITTMAN, LLC						04-30-2007	7 90038 049 ****5	60.00	
			1 /						
Principal Place of I	Business	Mailing Address			70	•			
3650 BOB TOLBERT RD		3650 BOB TOLBERT R	3650 BOB TOLBERT RD						
NAVARRE, FL 32566 US		NAVARRE, FL 32566 US							
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Principal Place of Business - No P.O. Box # 3. Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Numbe	825948	P8 Ap	plied For t Applicable		
Zip	Country	Zip	Country			of Status Desired	□ \$5.00 Add Fee Required		
6. Name and Address of Current Registered Ag		t Registered Agent		200	7. Name and	Address of New R	Registered Agent -	-	
PITTMAN, LE	VI F		^	ame					
3650 BOB TO	LBERT RD		S	treet Address (F	P.O. Box Number is Not Acceptable)				
NAVARRE, FL	_ 32566		-						
			_				1-0		
			0	ity			FL Zip Code	€	
	ned entity submits this statement	for the purpose of changing its	s registered o	ffice or register	ed agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept	
the obligations	of registered agent.							ł	
SIGNATURE Signa	ature, typed or printed name of registered age	nt and title if applicable (NOT	TE Registered Age	ent signature required	when reinstating)		DATE		
Filling Fee is \$50.00 Due by May 1, 2007						te check payable to a Department of State	,		
9.	MANAGING MEME	 BERS/MANAGERS	10.		l.	ADDITIONS	/CHANGES		
			TITLE				☐ Change	☐ Addition	
			NAME						
,	1		STREET AD						
<del></del>				ur				C Addition	
TITLE NAME			TITLE NAME				☐ Change	Addition	
STREET ADDRESS	28		STREET AD	STREET ADDRESS					
CITY-ST-ZIP			CITY-SI-	ZIP					
TITLE			TITLE				☐ Change	Addition	
NAME STREET ADORESS			NAME SIREET AD	nneess					
CITY-ST-ZIP			CITY-ST-	l					
TITLE	<del></del>	□ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME					_	
STREET ADDRESS			STREET AL	l					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE NAME		☐ Delete	NAME				Change	☐ Addition	
STREET ADDRESS			STREET AL	DORESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET AC						
	fu that the information supplied w	ith this filing dose not qualify to			in Chapter 119	Florida Statutae I f	urther certify that the lefe	rmation	
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.									
0.000	- Jour LIF.	House .			4	1-26-07	,	ļ	
SIGNATU	RE: VIXVV & VA GNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MA	ANAGER, OR AUT	HORIZED REPRESE	INTATIVE /	Date Date	Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone M									