

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118805

Entity Name: LEVCO GROUP LLC

FILED  
Sep 04, 2007  
Secretary of State

## Current Principal Place of Business:

24480 HABOUR VIEW DRIVE  
C/O LEVCO GROUP LTD.  
PONTE VEDRA BEACH, FL 32082

## Current Mailing Address:

24480 HABOUR VIEW DRIVE  
C/O LEVCO GROUP LTD.  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE  
#1  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE  
#1  
PONTE VEDRA BEACH, FL 32082

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: LEVINSON, RANDOLPH M  
Address: 24480 HABOUR VIEW DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEVINSON, RANDOLPH M  
Address: 5000 SAWGRASS VILLAGE CIRCLE, #1  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: RANDOLPH M LEVINSON

MGRM

09/04/2007

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