

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000007259

**FILED**  
**Feb 23, 2009**  
**Secretary of State****Entity Name:** NEW LEVEL INVESTMENT CLUB, LLC**Current Principal Place of Business:**1802 N. UNIVERSITY DR STE 102-365  
PLANTATION, FL 33322 US**New Principal Place of Business:**20900 N.E. 30TH AVENUE  
SUITE 801  
AVENTURA, FL 33180 US**Current Mailing Address:**1802 N. UNIVERSITY DR STE 102-365  
PLANTATION, FL 33322 US**New Mailing Address:**20900 N.E. 30TH AVENUE  
SUITE 801  
AVENTURA, FL 33180 US**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OLBRICE, ROTSCHILL A  
1802 N. UNIVERSITY DR. SUITE 102-365  
PLANTATION, FL 33322 US**Name and Address of New Registered Agent:**OLBRICE, ROTSCHILL A  
20900 N.E. 30TH AVENUE  
SUITE 801  
AVENTURA, FL 33180 US

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: \_\_\_\_\_

02/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: LOZIER, SHELLEY  
Address: 5960 NW 14TH PLACE  
City-St-Zip: SUNRISE, FL 33313 USTitle: MGRM ( ) Delete  
Name: OLBRICE, MCOBED  
Address: 19800 NW MIAMI CT.  
City-St-Zip: MIAMI, FL 33169 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGRM ( ) Change (X) Addition  
Name: LOZIER, THIERRY  
Address: 7400 STIRLING RD. APT. 120-365  
City-St-Zip: HOLLYWOOD, FL 33024 USTitle: MGRM ( ) Change (X) Addition  
Name: OLBRICE, ROTSCHILL A  
Address: 1042 N.W. 102ND STREET  
City-St-Zip: MIAMI, FL 33150 US

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: OLBRICE, MCOBED

MGRM

02/23/2009

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