

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 06, 2004
Secretary of State**

DOCUMENT# L92892

Entity Name: LEVITT REALTY, INC.

Current Principal Place of Business:

12280 SOUTHWEST 69TH PLACE
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

P O BOX 565250
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 65-0241224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVITT, ALLEN
12280 SW 69 PL
MIAMI, FL 33156 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVITT, ILANA,
Address: 12280 SW 69TH PL
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LEVITT, ALLEN,
Address: 12280 SW 69TH PL
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MELAMUD ERICA,
Address: 12180 SW 70TH CT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN LEVITT

DIR

03/06/2004

Electronic Signature of Signing Officer or Director

_____ Date