2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2007
Secretary of State

DOCUMENT# L98000002435

Entity Name: LEVITT NOVAKOFF & COMPANY L.L.C.

Current Principal Place of Business:

2421 NORTHEAST 48TH COURT
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

2421 NE 48TH COURT
LIGHTHOUSE POINT, FL 33064 US

Current Mailing Address:

P.O. BOX 5568
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

2421 NE 48TH COURT
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 65-0874149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

LEVITT, ROBERT
2101 NW CORPORTE BLVD., #420
BOCA RATON, FL 33431 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: LEVITT, ROBERT
Address: 101 NORTH FEDERAL HWY SUITE 700
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete
Name: NOVAKOFF, JAMES
Address: 2421 NE 48TH CT
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES:

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 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: JAMES NOVAKOFF MGRM 09/13/2007

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