


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90289 004 ****50.00

DOCUMENT # L99000000681		
1. Entity Name LOPEZ LEVI & ASSOCIATES, L.C.		

Principal Place of Business 224 CATALONIA AVENUE MIAMI, FL 33134	Mailing Address 224 CATALONIA AVENUE MIAMI, FL 33134
--	--

2. Principal Place of Business 201 Alhambra Circle Suite, Apt. #, etc. 501 City & State Coral Gables, FL Zip 33134 Country USA	3. Mailing Address 201 Alhambra Circle Suite, Apt. #, etc. 501 City & State Coral Gables, FL Zip 33134 Country USA
--	--



03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0893230	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent RAIMUNDO, LEVI 224 ATALONIA AVENUE MIAMI, FL 33134

7. Name and Address of New Registered Agent Name Raimundo Lopez-Lima Levi Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 501 City Coral Gables FL Zip Code 33134
--


8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAIMUNDO LOPEZ-LIMA LEVI, C.P.A., P.A. 224 CATALONIA AVENUE MIAMI, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENTIN LOPEZ, INC. 224 CATALONIA AVENUE MIAMI, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 Alhambra Circle # 501 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 Alhambra Circle # 501 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
--

SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 305 774-1640 Daytime Phone #
--	--------------------------------------