2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

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Entity Name: LEVINE FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1110 BRICKELL AVE 7TH FLOOR
MIAMI, FL 33313

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-2042131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC
701 BRICKELL AVE STE 1400
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	LEVINE, I. STANLEY	
Address:	3333 GARDEN AVE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	DT	( ) Delete
Name:	LEVINE, ELAINE	
Address:	3333 GARDEN AVE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	DS	( ) Delete
Name:	LEVINE, ROBERT	
Address:	1110 BRICKELL AVE 7TH FLOOR	
City-St-Zip:	MIAMI, FL 33313	
Title:	D	( ) Delete
Name:	LEVINE, KENNETH	
Address:	1110 BRICKELL AVE 7TH FLOOR	
City-St-Zip:	MIAMI, FL 33313	
Title:	D	( ) Delete
Name:	FITCH, TINA	
Address:	1110 BRICKELL AVE 7TH FLOOR	
City-St-Zip:	MIAMI, FL 33313	
Title:	D	( ) Delete
Name:	LEVINE, ALAN	
Address:	1110 BRICKELL AVE 7TH FLOOR	
City-St-Zip:	MIAMI, FL 33313	

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:	
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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: I. STANLEY LEVINE P 03/19/2007

Electronic Signature of Signing Officer or Director — Date