2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# P08000032783

Entity Name: LEVIN PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

511 TEAKWOOD DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

629 JAMESTOWN BLVD
APT 2220
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

511 TEAKWOOD DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

629 JAMESTOWN BLVD
APT 2220
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-2289676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIN, SAMUEL
511 TEAKWOOD DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LEVIN, SAMUEL
629 JAMESTOWN BLVD
APT 2220
ALTAMONTE SPRINGS, FL 32714 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: SAMUEL LEVIN 03/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEVIN, SAMUEL
Address: 511 TEAKWOOD DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete
Name: LEVIN, LISA
Address: 511 TEAKWOOD DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEVIN, SAMUEL
Address: 629 JAMESTOWN BLVD APT 2220
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change ( ) Addition
Name: LEVIN, LISA
Address: 629 JAMESTOWN BLVD APT 2220
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: SAMUEL LEVIN P 03/08/2009
Electronic Signature of Signing Officer or Director Date