


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90002 030 ****50.00

DOCUMENT # L02000034430

1. Entity Name
NEWBERRY HOLDING COMPANY, LLC



Principal Place of Business
**3815 S. NINE DR
 VALRICO FL 33594**

Mailing Address
**PO BOX 3195
 BRANDON FL 33509**

94007821



MOORE CR2E083 (11/03)

2. Principal Place of Business
2240 LITMIA CTR PLAGE

3. Mailing Address

Suite, Apt. #, etc.

City & State
VALRICO FL

City & State

Zip
33594 Country **USA**

Zip Country

4. FE# Number
55-0817099

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J
 791 WEST LUMSDEN ROAD
 BRANDON FL 33511**

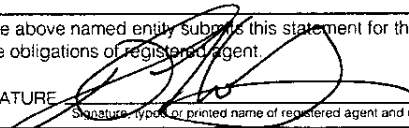
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  **DAVID C. NEWBERRY PRES** DATE **1/21/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

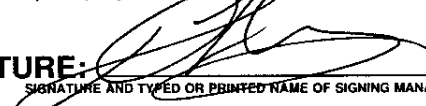
9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	NEWBERRY, DAVID
STREET ADDRESS	PO BOX 3195
CITY - ST - ZIP	BRANDON FL 33509
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **DAVID C. NEWBERRY PRES** DATE **1/21/04** DAYTIME PHONE # **813 651 1408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE