


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90100 022 ***138.75

DOCUMENT # L03000042515

1. Entity Name
NEWCO ENTERPRISES, LLC




Principal Place of Business Mailing Address
330 BATTERSEA AVE. **330 BATTERSEA AVE.**
PALM BAY, FL 32909 **PALM BAY, FL 32909**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2669 Woodsmill Dr *2669 Woodsmill Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Melbourne, FL *Melbourne, FL*
 Zip Country Zip Country
32934 *32934* *FL*

b0011000



02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
52-2416333 Not Applicable

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

8. Name and Address of Current Registered Agent
NEWELL, E. JAMES
330 BATTERSEA AVE.
PALM BAY, FL 32909

7. Name and Address of New Registered Agent
 Name *JEAN S. Newell*
 Street Address (P.O. Box Number is Not Acceptable)
2669 Woodsmill Dr
 City *Melbourne* **FL** Zip Code *32934*

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 *Jean S. Newell* DATE *2/27/08*

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, JEAN S		NAME		
STREET ADDRESS	2669 WOODS MILL DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 *Jean S. Newell*