## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/28/2007-90065-030-\$55.00-\$55.00

ANNUAL REPORT						0120120	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 000.00 00		
DOCUMENT # L06000101072  1. Entity Name NEW BEGINNINGS FOR THE EASTERN U.S.A. LLC							FIL	E <b>D</b>	0	
Principal Place	of Business	Mailing Address				200	סו יטטי	P 2: 1	U	
4058 CAPPER ROAD JACKSONVILLE, FL 32218		4058 CAPPER ROAD JACKSONVILLE, FL 32218			SEC TALL	RETARY Ahassei	OF STATE	A N <b>inim</b> in	11D (8 10)1	
2. Principal Pu	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				08082007	Chg-LLC	CR2E0	33 (12/06)	
City & State		City & State				4. FEI Numb	er			oplied For ot Applicable
Zip	Country	Zip Count		try		5. Certificate of Status Desired			\$5.00 Additional Fee Required	
,	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of No	w Registered A	gent	
FOWLER V	AD, MICHAEL E JR. VHITE BOGGS BANKER P.A. LAURA STREET, SUITE 2200				ddress (i	ess (P.O. Box Number is Not Acceptable)				
	/ILLE, FL 32202	-								
				City				FŁ	Zip Cod	e
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registere	ed office o	register	ed agent, or bo	th, in the State o	f Florida. I am f	amiliar with,	and accept
SIGNATURE _										
-	Signature, typed or printed name of registered agent i	and title if applicable. (NOTE	: Paylste ec	Agent eignet	ure required	when (einsteiling)		DATE		·
Filing Fee is \$50.00 Due by September 14, 2007								Make check po orlda Departmo		•
9.	MANAGING MEMBE	RS/MANAGERS	10.		- · · · · · · · · · · · · · · · · · · ·			INS/CHANGES		/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		NAME STREET	TITLE NAME STREET ADDRESS CITY-ST-ZIP		MG R1 1258 E1	M Ayner Apper VILLE	Melain RD: FL 322	□ Change >' 18,	<b>W</b> Addition
STILE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete		NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE MAJAE STREET ADDRESS CITY-ST-ZIP		☐ Delete	•						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Celste							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate							Change	Addition
TITLE	·····	<del></del>			<del> </del>					C Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delette					··-		Change	Addition

11. I hereby certify that the information supplied with this hing does not qualify for the exemptions contained in Chapiter 119, Honda Statutes. I turner certify mail the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under only; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapiter 608, Florida Statutes.

SIGNATURE: JOHN DOLL MEJOUR BOUND NAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DUTY DAYS DOUBLE PROVED TO DAYS DOUBLE PROV