

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002780

1. Entity Name
NEW SOUTH VENTURES, L.L.C.



Principal Place of Business
**7339 PERIWINKLE DRIVE
SARASOTA, FL 34231**

Mailing Address
**7339 PERIWINKLE DRIVE
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
74-2954536

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARNOLD, GARY
7339 PERIWINKLE DRIVE
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNOLD, GARY J 7339 PERIWINKLE DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, ROB 3407 GULF MEAD DRIVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J-TECH MANAGEMENT LLC 5131 JUNGLE PLUM ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORTHINGTON, NORM 4074 ROBERTS POINT ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/04-80020-020 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

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

4/30/04

Date

(941) 302-3249

Daytime Phone #