## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000002780

1. Entity Name

NEW SOUTH VENTURES, L.L.C.



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92212 027 \*\*\*\*50.00

.,`				<b>V</b>	GOO NE IN						
Principal Plac	Mailing Address										
7339 PERIWINKLE DRIVE			PMB 128								
SARASOTA FL 34231			5053 OCEAN BLVD.								
			SARASOTA FL 34242			1					
							<b>                                    </b>			<b>a</b> aa) <b>aa</b> a aa	
2. Principal P	lace of Busi	ness	. Mailing Addres			<u>-</u>      <b>  </b>				4   <b>11</b>   12	
,			Mailing Address 1339 Peri Ninkle by.			.   ''**	(BIL BIL BBIL) 96(II BBIH) BBIH) B		<b>4</b> 15 <b>8</b> 49 1 <b>066</b> 7 15	#145 BEIT 1881	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF	MAKING	CHANCES		
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City & Stat	e		Alty & State	Atty & State			nber <b>74-2954536</b>		Ar	oplied For	
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Zip		Country	Zip Coun		ntrv			_ \$5.1			
	` `	obanny	34231	34831			5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent					T	7 Name a	nd Address of New Re				
<del></del> -	Di Hain	o una Address or outremen	ogistered Agent	Name							
ARNOLD, GARY											
1	•	KLE DRIVE		Street Address (			(P.O. Box Number is Not Acceptable)				
		<u> </u>									
ЭАП	iasota fl	. 47601								7	
									T = -		
1					City			FL	Zip Cod	e	
8 The above	named enti	ty submits this statement for	the purpose of changing it	ts register	ed office or regi	istered agent, or h	ooth, in the State of Florid		miliar with	and accept	
		tered agent.	and purpose of changing in	io registen	sa onice or reg.	otorou agont, or t	out, in the otate of flori	aa. ruma	THINEST WHOTE	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	digitatare, types	or printed name or regionaled agent an	o tito i applicasio.	71c. Hogistore	a rigorit aigriataro roc	dated wilet temptatating)	<del></del> -		<del></del>		
FILE NOW!!! FEE IS \$50.00											
		•	Make Check Paya	ble to Fl	orida Departi	ment of State				ļ	
		1	. D	ue By M	ay 1, 2003						
9.		MANAGING MEMBER	S/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·	<del></del>	ADDITIONS/C	HANGES			
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NAME		), GARY J		NAM	•					- 1	
STREET ADDRESS		ERIWINKLE DRIVE			ET ADDRESS					i i	
CITY-ST-ZIP		TA FL 34231		CITY	-ST-ZIP		·				
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NAME	CAMPBE	ELL, ROB		NAM	E J					J	
STREET ADDRESS	3407 GL	ILF MEAD DRIVE		STRE	ET ADDRESS					}	
CITY-ST-ZIP	SARASC	TA FL 34242		CITY	-ST-ZIP					1	
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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.

IAGER, OR AUTHORIZED REPRESENTATIVE

4/49/03 941-302-3249