

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L00000002781

1. Entity Name

NEW SOUTH VENTURES I, L.L.C.



Principal Place of Business

7339 PERIWINKLE DRIVE
SARASOTA, FL 34231

Mailing Address

7339 PERIWINKLE DRIVE
SARASOTA, FL 34231



01152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

85-1100049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ARNOLD, GARY J
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 reinstalling)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

U00000150813
05/04/04-80020-019 50.00

**DO NOT WRITE
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)(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:

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

4/30/04

Date

(941)302-3249

Daytime Phone #