

2001 UNIFORM BUSINESS REPORT (UBR)

0022891 AF


DOCUMENT # L00000008235

1. Entity Name
NEW ROADS CO., LLC

Principal Place of Business
**515 GEORGETOWN PLACE
SAFETY HARBOR FL 34695**

Mailing Address
**515 GEORGETOWN PLACE
SAFETY HARBOR FL 34695**

FILED
01 FEB -1 PM 5:00
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
520 58th ST

Suite, Apt. #, etc.

3. Mailing Address
520 58th ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Holmes Beach, FL

Zip
34217

Country
USA

City & State
Holmes Beach, FL

Zip
34217

Country
USA

4. FEI Number
593658743

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, PENNI S
515 GEORGETOWN PLACE
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name
Robert Byrne

Street Address (P.O. Box Number is Not Acceptable)
520 58th ST

City, **Holmes Beach** **FL** Zip Code **34217**

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.

SIGNATURE *Robert T. Byrne* (Robert T. Byrne) DATE **1/23/01**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Arlene Byrne / manager 520 58th St Holmes Beach, FL 34217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300003657053-6 -02/08/01--01016--019 *****50.00 *****50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Robert T. Byrne* **1/23/01** (941) 778-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)