

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90210 029 ****55.00

DOCUMENT # L01000006170
1. Entity Name
New Century Group, LLC

DO NOT WRITE IN THIS SPACE

961121

2. Principal Place of Business
5215 Old Gallows Way
Suite, Apt. #, etc.
Naples - FL.
City & State

3. Mailing Address
5215 Old Gallows Way
Suite, Apt. #, etc.
Naples FL.
City & State

DO NOT WRITE IN THIS SPACE

Zip 34105 Country US Zip 34105 Country US

4. FEI Number
59-3717032 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Louis D'Agostino
Street Address (P.O. Box Number is Not Acceptable)
821 5th Ave. South, Suite 201
City Naples FL Zip Code 34102

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Operating MGR</u> <u>Gene Terrico/Interrcon Global Inc</u> <u>4877 Lake Cecile Dr.</u> <u>Kissimmee, FL 34746</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR.</u> <u>Sonny Buoncervello</u> <u>Hometown Realty</u> <u>P.O. Box 470127</u> <u>Celebration, FL 34747</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR.</u> <u>Paul Voinovich</u> <u>AEC National, Inc.</u> <u>5150 North Tamiami Trail</u> <u>Naples, FL 34103</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER</u> <u>Frank D'AGOSTINO</u> <u>5215 Old Gallows Way</u> <u>Naples - FL 34105</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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.

SIGNATURE: Anne D'Agostino Anne D'AGOSTINO 4-24-02 (941) 4034070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Frank D'Agostino Frank D'AGOSTINO 4-24-02 (941) 4034070

CR2E083B (12/01)