

**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 # **L0100000 6170**

1. Entity Name

New Century Group, LLC

DO NOT WRITE IN THIS SPACE

961121

2. Principal Place of Business

5215 Old Gallows Way

3. Mailing Address

5215 Old Gallows Way

Suite, Apt. #, etc.

Naples - FL.

Suite, Apt. #, etc.

Naples FL.

City & State

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

7. Name and Address of Current Registered Agent

Name

Louis DiAgostino

Street Address (P.O. Box Number is Not Acceptable)

821 5th Ave. South, Suite 201

City

Naples

FL

Zip Code

34102

**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.

SIGNATURE

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

DATE

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
**Operating MGR
Gene Terrico/Interrcon Global Inc.
4877 Lake Cecile Dr.
Kissimmee, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR.
Sonny Buoncervello
Home-town Realty
P.O. Box 470127
Celebration, FL 34747**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR.
Paul Voinovich
AEC National, Inc.
5150 North Tamiami Trail
Naples, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREASURER
Frank DiAgostino
5215 Old Gallows Way
Naples - FL 34105**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Anne DiAgostino **Anne DiAgostino 4-24-02 (941) 4034070**
Frank DiAgostino **Frank DiAgostino 4-24-02 (941) 4034070**

CR2E083B (12/01)