


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000006170</b> 1. Entity Name NEW CENTURY GROUP, L.L.C.	
---	---

Principal Place of Business 5215 OLD GALLOWES NAPLES, FL 34105	Mailing Address 5215 OLD GALLOWES NAPLES, FL 34105
--	--

**DO NOT WRITE IN THIS SPACE**



05032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3717032	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

<b>6. Name and Address of Current Registered Agent</b>  D'AGATINO, LOUIS 821 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00  
Due by September 8, 2004**

000000160063  
05/13/04-80005-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BYONCERVELLO, SONNY HOMETOWN REALTY P. O. BOX 470127 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VEINOVICH, PAUL AEC NATIONAL INC. 5150 N. TAMiami TR. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T D'AGOSTINO, FRANK 5215 OLD GALLOWES WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TERRICO, GENE 4877 LAKE CECILE DR. KISSIMMEE, FL 34746
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:** Frank D'Agostino 4-30-04 239-4034070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #