


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L01000006170**

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
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**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

6. Name and Address of Current Registered Agent

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 \_\_\_\_\_

**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 OLF 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 #