


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # L01000008959 |  |
| 1. Entity Name NEWLYNN ASSOCIATES, LLC | |

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|--|--|
| Principal Place of Business 3236 NW 61ST STREET BOCA RATON, FL 33496 | Mailing Address 3236 NW 61ST STREET BOCA RATON, FL 33496 |
|--|--|

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC CR2E083 (12/07)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1109432 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

NEWMAN, KAREN
 3236 NW 61ST STREET
 BOCA RATON, FL 33496

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NEWMAN, KAREN 3236 NW 61ST ST BOCA RATON, FL 33496 |
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 01/11/08-80051-008 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karen M. Newman 1/9/08 561-981-8808

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