2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000009051

1. Entity Name NEWBERRY SC. LLC



FILED Apr 12, 2005 8:00 am Secretary of State

04-12-2005 90015 045 ****50.00

Principal Place of Business 21301 POWERLINE ROAD

SUITE 312 BOCA RATON, FL 33433 Mailing Address

21301-POWERLINE-ROAD SUITE 312 BOCA RATON, FL

P.O. Box 1122 Knoxuille, TN



02012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3649083 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, L'ANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205

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				, <u> </u>	
	named entity submits this statement for the purpose of charions of registered agent.	nging its registere	d office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept)t
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	f Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				_
TITLE NAME STREET ADDRESS	MGRM LEVIN, STEVEN 21301 POWERLINE RD, STE 312				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL 33433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

Danhac

SIGNATURE:

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #