


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011109		
1. Entity Name NEWCOMB PROPERTIES #1, L.L.C.		
Principal Place of Business 5901 S.W. 74TH STREET STE. 400 SOUTH MIAMI, FL 33143	Mailing Address 5901 S.W. 74TH STREET STE. 400 SOUTH MIAMI, FL 33143	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOLANS, JAMES A 5901 S.W. 74TH STREET STE. 400 SOUTH MIAMI, FL 33143		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEWCOMB, FRED W 5909 TURIN STREET MIAMI, FL 33146	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>FRED W NEWCOMB</u> 2/3/06 305 669 9670 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0447197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

11000000423413
02/18/06-80007-001 50.00