

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 048 ***138.75

DOCUMENT # L02000011115 1. Entity Name NEWCOMB PROPERTIES #2, 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		
2. Principal Place of Business - No P.O. Box # 5409 Turin Street Suite, Apt. #, etc.		3. Mailing Address 5409 Turin Street Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 04-3670335	
Zip 33146		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLANS, JAMES A 5901 S.W. 74TH STREET STE. 400 SOUTH MIAMI, FL 33143				7. Name and Address of New Registered Agent Name FRED NEWCOMB Street Address (P.O. Box Number is Not Acceptable) 5409 Turin Street City Coral Gables FL Zip Code 33146	
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 <u><i>FRED W NEWCOMB</i></u> FRED W NEWCOMB <u>2/18/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEWCOMB, FRED 5409 TURIN ST CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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><i>FRED W NEWCOMB</i></u>		FRED W NEWCOMB <u>2/18/08</u> <u>805 669 9670</u> Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative Date Daytime Phone #			