2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L02000015801

Entity Name: NEWMAN SWEETS, LLC

Current Principal Place of Business:

18340 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

18435 NE 19TH AVE
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

18340 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

18435 NE 19TH AVE
NORTH MIAMI BEACH, FL 33179

FEI Number: 03-0462484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NEWMAN, ARTHUR
Address: 18340 WEST DIXIE HWY.
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete
Name: NEWMAN, ERIC
Address: 18340 WEST DIXIE HWY.
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NEWMAN, ARTHUR
Address: 18435 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR (X) Change ( ) Addition
Name: NEWMAN, ERIC
Address: 18435 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC NEWMAN MGR 04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date