

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025106

FILED
Apr 27, 2005
Secretary of State

Entity Name: NEW GROUP MANAGEMENT, LLC

Current Principal Place of Business:

1140 NE 163RD STE. 28
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

1140 NE 163RD STREET
STE. 28
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1140 NE 163RD STE. 28
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

1140 NE 163RD STREET
STE. 28
NORTH MIAMI BEACH, FL 33162

FEI Number: 71-0913760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NG, DORIS
1140 NE 163RD STE. 28
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

NG, DORIS
1140 NE 163RD STREET
STE. 28
NORTH MIAMI BEACH, FL 33162 US

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:

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NATIONAL GROWTH HOLD, INGS, LTD.
Address: 1140 NE 163 STREET, SUITE 28
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: NG, DORIS
Address: 1140 NE 163 STREET, SUITE 28
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DORIS NG

MGR

04/27/2005

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