2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# L02000026997

Entity Name: NEW VENTURES PROPERTIES, LLC

Current Principal Place of Business:

61 CULLMAN AVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

61 CULLMAN AVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 84-1559348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARD, SHIRLEY & HARTMAN, P.A.
207 WEST PARK AVE., STE. B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ARD, SHIRLEY & HARTMAN, P.A.
207 WEST PARK AVE., STE. A
TALLAHASSEE, FL 32301 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: DANIEL HARTMAN 07/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SENIOR, MICHAEL
Address: 61 CULLMAN AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: SENIOR, LEXIE
Address: 61 CULLMAN AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 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: MIKE SENIOR MGR 07/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date