

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030775

FILED
Jul 12, 2005
Secretary of State

Entity Name: NEW EQUITY PARTNERS LLC

Current Principal Place of Business:

4905 34TH STREET SOUTH
SUITE 256
ST PETERSBURG, FL 33711 US

New Principal Place of Business:

123 12TH STREET EAST
TIERRA VERDE, FL 33715 US

Current Mailing Address:

4905 34TH STREET SOUTH
SUITE 256
ST. PETERSBURG, FL 33711 US

New Mailing Address:

123 12TH STREET EAST
TIERRA VERDE, FL 33715 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

KENNETT, THOMAS P
4905 34TH STREET SOUTH
SUITE 256
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

KENNETT, THOMAS P
123 12TH STREET EAST
TIERRA VERDE, FL 33715 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: THOMAS KENNETT

07/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KENNETT, THOMAS P
Address: 4905 34TH STREET SOUTH 256
City-St-Zip: ST. PETERSBURG, FL 33711 US

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: KENNETT, THOMAS
Address: 123 12TH STREET EAST
City-St-Zip: TIERRA VERDE, FL 33715 US

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: THOMAS KENNETT

MM

07/12/2005

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