


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000006621</b> 1. Entity Name <b>NEWMANS BROTHERS CONSTRUCTION LLC</b>	
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Principal Place of Business <b>1726 FRANKFORT AVENUE # 3 PANAMA CITY, FL 32405 US</b>	Mailing Address <b>1726 FRANKFORT AVENUE # 3 PANAMA CITY, FL 32405 US</b>
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05112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>46-0520361</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NEWMANS, HOWARD E 1726 FRANKFORT AVENUE # 3 PANAMA CITY, FL 32405-US</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

000000367685  
05/19/05-80007-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NEWMANS, HOWARD E 8618 WOOD CIRCLE PANAMA CITY, FL 32404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NEWMANS, WOODROW P 1119 NEW YORK AVENUE LYNN HAVEN, FL 32444</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**5/11/05 (850) 258-1111**  
Date Daytime Phone #