## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L03000010894 1. Entity Name NEW ENTERPRISE INVESTMENTS, LLC Principal Place of Business Mailing Address 888 WEST 47TH ST. PO BOX 1303 MIMI BEACH, FL 33140 FORT LAUDERDALE, FL 33302 03092005No Chg-LLC DO NOT WRITE IN THIS SPACE FEI Number 65-1175269 5. Certificate of Status Desired

FILED Apr 13, 2005 08:00 AM Secretary of State



CR2E083 (10/03)

Applied For Not Applicable

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OKUR, LORRAINE 888 WEST 47TH ST MIAMI BEACH, FL 33140

## 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, typod or printed name of registered agent and title if applicable	(NOTE Registored Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGÌNG MÊMBÉRS/MANAGÉRS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINHARDT, ANGELA PO BOX 1303 FORT LAUDERDALE, FL 33302		U0000302767 04/13/05-80084-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
YITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE