


FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 035 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000013430

1. Entity Name
 NEW BEGINNINGS, LLC



Principal Place of Business Mailing Address

19120 E. PENNSYLVANIA AVENUE, SUITE C 19120 E. PENNSYLVANIA AVENUE, SUITE C
 DENNELLON, FL 34432-6158 DENNELLON, FL 34432-6158

20060860



06292005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2110697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

D'ARVILLE, BRENDA L
 19120 E. PENNSYLVANIA AVENUE, SUITE C
 DENNELLON, FL 34432-6158

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'ARVILLE, BRENDA 19120 E PENN. AVE STE C DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCOLGIN, LINDA W 9150 SW 197TH CIR DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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: *Brenda L D'Arville* *7/1/05 (352) 489-0202*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #