

FILED
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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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 #