

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000013430

1. Entity Name
NEW BEGINNINGS, LLC



Principal Place of Business
**19120 E. PENNSYLVANIA AVENUE, SUITE C
 DENNELTON, FL 34432-6158**

Mailing Address
**19120 E. PENNSYLVANIA AVENUE, SUITE C
 DENNELTON, FL 34432-6158**



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2110697

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**D'ARVILLE, BRENDA L
 19120 E. PENNSYLVANIA AVENUE, SUITE C
 DENNELTON, 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 _____

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ARVILLE, BRENDA 19120 E PENN. AVE STE C DUNNELTON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCOLGIN, LINDA W 9150 SW 197TH CIR DUNNELTON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/11/06-80081-007 50.00

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/06

Date

(352) 489-0302

Daytime Phone #