

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000013430**  
 1. Entity Name  
**NEW BEGINNINGS, LLC**



Principal Place of Business 19120 E. PENNSYLVANIA AVENUE, SUITE C DENNELON, FL 34432-6158	Mailing Address 19120 E. PENNSYLVANIA AVENUE, SUITE C DENNELON, FL 34432-6158
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**DO NOT WRITE IN THIS SPACE**

04182007 No Chg-LLC CR2E083 (11/05)

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  
 DENNELON, 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)

**Filing Fee is \$50.00 Due by May 1, 2007**

000000724472  
 05/02/07-80113-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'ARVILLE, BRENDA 19120 E PENN. AVE STE C DUNNELON, FL 34432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCOLGIN, LINDA W 9150 SW 197TH CIR DUNNELON, FL 34432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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* **4/18/07 (352) 489-0202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #