


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000013430 1. Entity Name NEW BEGINNINGS, LLC	
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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 <input type="checkbox"/> 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)

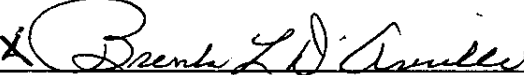
00000072442
05/02/07-80113-008 50.00

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

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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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:  **4/18/07 (352) 489-0202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #