


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000013430 1. Entity Name <b>NEW BEGINNINGS, LLC</b>	
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Principal Place of Business <b>19120 E. PENNSYLVANIA AVENUE, SUITE C          DENNELLON, FL 34432-6158</b>	Mailing Address <b>19120 E. PENNSYLVANIA AVENUE, SUITE C          DENNELLON, FL 34432-6158</b>
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>54-2110897</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000873251  
 04/15/08-80011-018 138.75

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
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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 606, Florida Statutes.

SIGNATURE: Brenda L D'Arville Brenda L. D'Arville 3/26/08 (352) 489-3363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #