2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L03000016978

Entity Name: NEW SOLUTIONS GP, LLC

Current Principal Place of Business:

3255 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

New Principal Place of Business:

2600 IMMOKALEE ROAD
NAPLES, FL 34110

Current Mailing Address:

3255 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

New Mailing Address:

2600 IMMOKALEE ROAD
NAPLES, FL 34110

FEI Number: 02-0691026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, PHILLIP R
3255 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WOOD, PHILLIP R
2600 IMMOKALEE ROAD
NAPLES, FL 34110 US

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.

SIGNATURE: _____ 04/21/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHN R. WOOD, INC.
Address: 3255 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete
Name: DAVIS SOLUTIONS, INC.
Address: 3255 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JOHN R. WOOD, INC.
Address: 2600 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110

Title: MGR (X) Change ( ) Addition
Name: DAVIS SOLUTIONS, INC.
Address: 2600 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILLIP R. WOOD RA 04/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date