

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90209 008 ***150.00

DOCUMENT # L03000029981

1. Entity Name

NEW PORT RICHEY HOLDINGS, LLC



Principal Place of Business

**7249 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652
US**

Mailing Address

**24945 U.S. HIGHWAY 19 N.
CLEARWATER FL 33763**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

74-3101256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORMAN, CHRISTOPHER H ESQ.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606**

Name

KAREN J. WOLSTEIN

Street Address (P.O. Box Number is Not Acceptable)

24945 U.S. HIGHWAY 19 N

City

CLEARWATER

FL

Zip Code

33763

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/06

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WOLSTEIN, BRIAN G
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME WOLSTEIN, KAREN J
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME COLETTI, SCOTT L
STREET ADDRESS 24945 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

KAREN J. WOLSTEIN, PTL

3/15/06

DATE

727-726-1460

DAYTIME PHONE #