

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034159

Entity Name: NEW BEGINNINGS, LLC

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

5250 N. OCEAN DRIVE
SUITE 4N
SINGER ISLAND, FL 33404 US

Current Mailing Address:

5250 N. OCEAN DRIVE
SUITE 4N
SINGER ISLAND, FL 33404 US

FEI Number: 20-0211275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

962 NORTHLAKE BLVD.
#210
LAKE PARK, FL 33403 US

New Mailing Address:

962 NORTHLAKE BLVD.
#210
LAKE PARK, FL 33403 US

Name and Address of Current Registered Agent:

PAEZ SMITH, MARTHA
5250 N. OCEAN DRIVE
SUITE 4N
SINGER ISLAND, FL 33404 US

Name and Address of New Registered Agent:

SMITH, MARTHA P MGRM
5250 N. OCEAN DRIVE
SUITE 4N
SINGER ISLAND, FL 33404 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: MARTHA P. SMITH

04/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PAEZ SMITH, MARTHA
Address: 5250 N. OCEAN DRIVE, SUITE 4N
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, MARTHA P
Address: 5250 N. OCEAN DRIVE, SUITE 4N
City-St-Zip: SINGER ISLAND, FL 33404 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA P. SMITH

MGRM

04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date