2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036212

Entity Name: NEWMAN GROUP, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1160 NW 163RD DRIVE MIAMI, FL 33169 US	1160 NW 163RD DRIVE MIAMI GARDENS, FL 331695816 US

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 694660 MIAMI, FL 33169 US	P.O. BOX 694660 MIAMI, FL 331694660 US

FEI Number: 51-0520989   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
NEWMAN, JOEL 1160 NW 163RD DRIVE MIAMI, FL 33169 US	NEWMAN, JOEL 355 OCEAN BOULEVARD GOLDEN BEACH, FL 331602211 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: _____   04/15/2005

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	NEWMAN, JOEL	Name:	NEWMAN, JOEL
Address:	1160 NW 163RD DRIVE	Address:	355 OCEAN BOULEVARD
City-St-Zip:	MIAMI, FL 33169 US	City-St-Zip:	GOLDEN BEACH, FL 331602211 US

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	NEWMAN, ELLIOTT S	Name:	NEWMAN, ELLIOTT S
Address:	1160 NW 163RD DRIVE	Address:	355 OCEAN BOULEVARD
City-St-Zip:	MIAMI, FL 33169 US	City-St-Zip:	GOLDEN BEACH, FL 331602211 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: JOEL NREWMAN   M   04/15/2005

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