
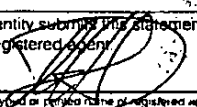


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90108 005 \*\*\*\*50.00

<b>DOCUMENT # L03000037369</b> 1. Entity Name <b>NEW MARKET ENTERPRISES, LLC</b>																													
Principal Place of Business <b>1452 WASHINGTON AVE. MIAMI BEACH FL 33139</b>			Mailing Address <b>1452 WASHINGTON AVE. MIAMI BEACH FL 33139</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>43-2030218</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)																									
6. Name and Address of Current Registered Agent  <b>PARETS, ANGEL L 1452 WASHINGTON AVE. MIAMI BEACH FL 33139</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																										
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  (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">2/4/06</span>																													
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PARETS, ANGEL L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1452 WASHINGTON AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH FL 33139</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	PARETS, ANGEL L		STREET ADDRESS	1452 WASHINGTON AVE.		CITY-ST-ZIP	MIAMI BEACH FL 33139		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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

*ANGEL PARETS*

*3/4/06 305 6725335*

Date

Daytime Phone #



ENT  
30002300

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

NEW MARKET ENTERPRISES, LLC  
1452 WASHINGTON AVE.  
MIAMI BEACH, FL 33139

Subject: NEW MARKET ENTERPRISES, LLC

Reference Number: **L03000037369**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION