2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jan 24, 2008 08:00 AN
Secretary of State

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1. Entity Name

NEW CITY DEVELOPERS LLC



Principal Place of Business

600 W. MICHIGAN ST. ORLANDO, FL 32805

Mailing Address

P.O. BOX 560115 ORLANDO, FL 32856



01152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2410259

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, EDWARD H JR. 600 W. MICHIGAN ST. ORLANDO, FL 32805

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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, an	nd accept
	the obligations of registered agent.		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000795575 01/28/08-80051-025 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICE, EDWARD H JR. 600 W. MICHIGAN ST. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLAKIOTIS, GEORGE 1831 HIGHWAY A1A, #3306 INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE" 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 Chapter 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 frember 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:

1-15-0

353-033

Daytime Phone #