

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000040695 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
---	---

DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2410259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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) DATE _____

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

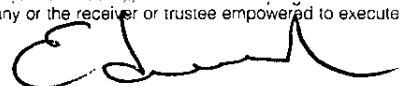
000000795575
01/28/08-80051-025 138.75

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 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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:  1-15-08 401-353-0331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #