

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2004 8:00 am
Secretary of State

04-22-2004 90350 024 ****50.00

DOCUMENT # LO3000045067	
1. Entity Name NEW SURROUNDINGS, LLC	

DO NOT WRITE IN THIS SPACE

34006271

2. Principal Place of Business 7052 TREYHORN CT.	3. Mailing Address P.O. Box 20416
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SARASOTA, FL	City & State BRADENTON, FL
Zip 34243	Country US
Zip 34204	Country US

4. FEI Number 59-724-1392	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CARL F. MUELSHAU	
Street Address (P.O. Box Number is Not Acceptable) 7052 TREYHORN CT.	
City SARASOTA	FL Zip Code 34243

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

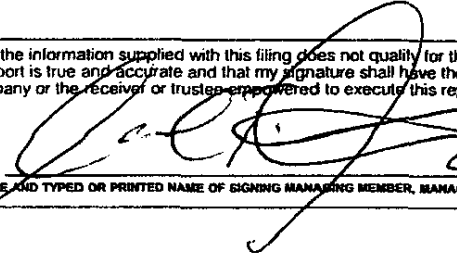
DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CARL F. MUELSHAU 7052 TREYHORN CT. SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER BONNIE V. MUELSHAU 7052 TREYHORN CT. SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JEFFERY JONES 2314 WOODCREST DR. S.E. ATLANTA, GA 30082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 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:  **CARL F. MUELSHAU** 4/10/04 944-358-8248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)