

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000002419

1. Entity Name

NEW SOLUTIONS INVESTMENT STRATEGIES, L.L.C.



Principal Place of Business

4283 WALDEN WAY
GULF BREEZE, FL 32563

Mailing Address

4283 WALDEN WAY
GULF BREEZE, FL 32563



02252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2538129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, WAYNE H
4283 WALDEN WAY
GULF BREEZE, FL 32563

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------------|
| TITLE | MGRM |
| NAME | WAYNE H. DAVIS CONSTRUCTION, INC. |
| STREET ADDRESS | 4283 WALDEN WAY |
| CITY-ST-ZIP | GULF BREEZE, FL 32563 |
| TITLE | MGRM |
| NAME | TAYLOR, JAMES B |
| STREET ADDRESS | 4919 MILHOUSE ROAD |
| CITY-ST-ZIP | GULF SHORES, AL 36542 |
| 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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03/27/06-00005-009 50.00

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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:

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

Date

Daytime Phone #

850-393-1963

WAYNE DAVIS