

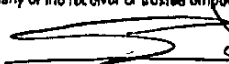
MAR-28-2005 MON 10:30 AM JAZAYRI GROUP

FAX NO.

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-04-2005 90427 036 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022817			
1. Entity Name NEW TOWN HOLDINGS, LLC			
Principal Place of Business 3001 W. HALLANDALE BEACH BLVD STE. 300 PEMBROKE PARK, FL 33009		Mailing Address 3001 W. HALLANDALE BEACH BLVD STE. 300 PEMBROKE PARK, FL 33009	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent JAZAYRI, SAM 3001 W. HALLANDALE BEACH BLVD STE. 300 PEMBROKE PARK, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new company)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
b. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAZAYRI, SAM 3001 W. HALLANDALE BEACH BLVD STE. 300 PEMBROKE PARK, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		SAM JAZAYRI 954-981-1154	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Mo/Yr	

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02052005 Chg-L/C CR2E083 (10/03)

4. FEI Number 20-0926538 Applied For Not Applicable

5. Certificate of Status Cashed ☐ \$5.00 Additional Fee Required