

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000038772

FILED
Mar 26, 2008
Secretary of State**Entity Name:** NEWLANDS PROPERTIES LLC**Current Principal Place of Business:**2219 GABRIEL LANE
WEST PALM BEACH, FL 33406**New Principal Place of Business:**299 ALHAMBRA CIRCLE
203
CORAL GABLES, FL 33134**Current Mailing Address:**2219 GABRIEL LANE
WEST PALM BEACH, FL 33406**New Mailing Address:**299 ALHAMBRA CIRCLE
203
CORAL GABLES, FL 33134**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MEGIAS, CARLOS
2135 SOUTH CONGRESS AVE.
SUITE 3C
WEST PALM BEACH, FL 33406 US**Name and Address of New Registered Agent:**BETANCOURT, OLGA
299 ALHAMBRA CIRCLE
203
CORAL GABLES, FL 33134 US

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.

SIGNATURE: OLGA BETANCOURT

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: HERNANDEZ, MARTIN A
Address: 2219 GABRIEL LANE
City-St-Zip: WEST PALM BEACH, FL 33406 PBTitle: MGRM () Delete
Name: HERNANDEZ, LIGIA B
Address: 2219 GABRIEL LANE
City-St-Zip: WEST PALM BEACH, FL 33406 PBTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR (X) Change () Addition
Name: RIZO, AXEL
Address: 299 ALHAMBRA CIRCLE # 203
City-St-Zip: CORAL GABLES, FL 33134Title: MGR () Change (X) Addition
Name: BETANCOURT, OLGA
Address: 299 ALHAMBRA CIRCLE # 203
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OLGA BETANCOURT

MGR

03/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date