


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90044 029 ****50.00

DOCUMENT # L04000067373


1. Entity Name
NEW STRUCTURES, LLC



Principal Place of Business Mailing Address
 11497 COLUMBIA PARK DR WEST STE 1 11497 COLUMBIA PARK DR WEST STE 1
 JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 10365 Hood Road South 10365 Hood Road South
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Unit 205 Unit 205

City & State City & State
 Jacksonville, Florida Jacksonville, Florida
 Zip Country Zip Country
 32257 USA 32257 USA



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 20-1628722 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGDONAS, MICHAEL A 11497 COLUMBIA PARK DR WEST STE 1 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10365 Hood Road S Unit 205 Jacksonville, Florida 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANLEY, NEWMAN 11497 COLUMBIA PARK DR WEST STE 1 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10365 Hood Road S Unit 207 Jacksonville, Florida 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNS, JAMES C 11497 COLUMBIA PARK DR WEST STE 1 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10365 Hood Road South Unit 206 Jacksonville, Florida 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLANO, MOISES A 11497 COLUMBIA PARK DR WEST STE 1 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10365 Hood Road South Unit 205 Jacksonville, Florida 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Michael A. Bagdonas 4-25-07 904-26081005

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