# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 04, 2005**
**Secretary of State**

DOCUMENT# L04000090854

**Entity Name:** NEWBY ENTERPRISES, LLC

**Current Principal Place of Business:**

PO BOX 279/ 338 CROMARITE RD.
ELIZABETHTOWN, NC 28337 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 279/ 338 CROMARITE RD.
ELIZABETHTOWN, NC 28337 US

**New Mailing Address:**

**FEI Number: 20-2025358** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

NEWBY, JOANNE
930 SW 47 TERRACE
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete
Name: NEWBY, SEAN M
Address: PO BOX 279/ 338 CROMARITE RD.
City-St-Zip: ELIZABETHTOWN, NC 28337 US

Title: MGRM ( ) Delete
Name: NEWBY, JENNIFER L
Address: PO BOX 279/ 338 CROMARITE RD.
City-St-Zip: ELIZABETHTOWN, NC 28337 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SEAN M. NEWBY MGR 05/04/2005

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