

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 10, 2006
Secretary of State**

DOCUMENT# L05000040452

Entity Name: NEW DAYS, LLC

Current Principal Place of Business:

5379 LYONS RD
176
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5379 LYONS RD
176
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 43-2083019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, DIEGO
5379 LYONS RD
176
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

LOFFREDA, CLAUDE
5379 LYONS RD
176
COCONUT CREEK, FL 33073 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: CLAUDE LOFFREDA 05/10/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOMEZ, CLAUDIO
Address: 5379 LYONS RD # 176
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: LYNCH, LORENZO D SIR
Address: 1602 ALTON RD. SUITE # 428
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ, JANET
Address: 5379 LYONS RD # 176
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM (X) Change () Addition
Name: LOFFREDA, CLAUDE
Address: 5379 LYONS RD # 176
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDE LOFFREDA MGRM 05/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date