2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# L05000062360

Entity Name: NEWHOUSE MANAGEMENT, LLC

Current Principal Place of Business:

% ROSEMARIE VILLANUEVA, M.D.
213 BLUEBIRD LANE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

213 BLUEBIRD LANE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

% ROSEMARIE VILLANUEVA, M.D.
213 BLUEBIRD LANE
ST. AUGUSTINE, FL 32080

New Mailing Address:

213 BLUEBIRD LANE
ST. AUGUSTINE, FL 32080

FEI Number: 20-4725556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILLANUEVA, ROSEMARIE L
213 BLUEBIRD LANE
SAINT AUGUSTINE, FL 32080 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/MANAGERS:

Title: MGR ( ) Delete
Name: VILLANUEVA, ROSEMARIE M.D.
Address: 213 BLUEBIRD LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGR ( ) Delete
Name: VILLANUEVA, STEVEN Y M.D.
Address: 213 BLUEBIRD LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VILLANUEVA, ROSEMARIE L
Address: 213 BLUEBIRD LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

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

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: ROSEMARIE VILLANUEVA MGR 01/28/2008

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