


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90441 002 \*\*\*\*50.00

<b>DOCUMENT # L05000111567</b>	
1. Entity Name <b>NEWLANDS GROUP, LLC</b>	

Principal Place of Business <b>141 CRANDON BLVD # 345 KEY BISCAVNE, FL 33149 US</b>	Mailing Address <b>141 CRANDON BLVD # 345 KEY BISCAVNE, FL 33149 US</b>
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2. Principal Place of Business - No P.O. Box # <b>260 CRANDON Blvd #32</b>	3. Mailing Address <b>260 Crandon Blvd Ste 32</b>
Suite, Apt. #, etc. <b># 207</b>	Suite, Apt. #, etc. <b># 207</b>

03202007 Chg-LLC CR2E083 (12/06)

City & State <b>KEY BISCAVNE · FL.</b>	City & State <b>KEY BISCAVNE · FL.</b>
Zip <b>33149</b>	Country <b>USA.</b>
Zip <b>33149</b>	Country <b>USA</b>

4. FEI Number <b>20-3820065</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>ROBERT A. BRANDT, P.A. 696 NE 125 STREET NO. MIAMI, FL 33161</b>		7. Name and Address of New Registered Agent Name <b>MARIA LUISA NAVIA LOBO</b> Street Address (P.O. Box Number is Not Acceptable) <b>260 CRANDON BLVD. STE #32 # 207</b> City <b>KEY BISCAVNE</b> <b>FL</b> Zip Code <b>33149</b>	
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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 *[Signature]* **MARIA LUISA NAVIA LOBO** 3/30/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVIA-LOBO, MARIA LUISA 141 CRANDON BLVD #345 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>260 CRANDON Blvd. Ste 32 #207 KEY BISCAVNE · FL. 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVIA, LUIS 141 CRANDON BLVD # 345 KEY BISCAVNE, FL 33149 <input checked="" 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
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
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 *[Signature]* 3/30/07 786.3141993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #