


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

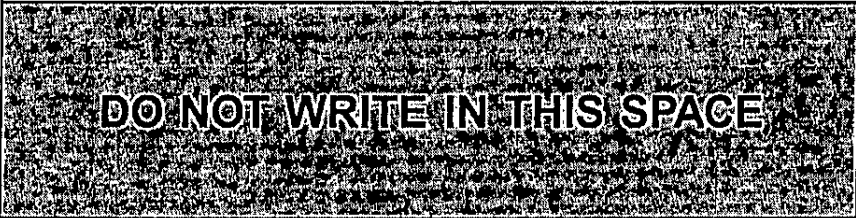

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000008498**

1. Entity Name  
**NEW BEGINNINGS LLC**



Principal Place of Business <b>168 SE 1ST STREET          3RD FLOOR          MIAMI, FL 33131 US</b>	Mailing Address <b>168 SE 1ST STREET          3RD FLOOR          MIAMI, FL 33131 US</b>
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02122008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>50-5224516</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**VERITE, JORDI F  
 168 SE 1ST STREET  
 3RD FLOOR  
 MIAMI, FL 33131**



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.

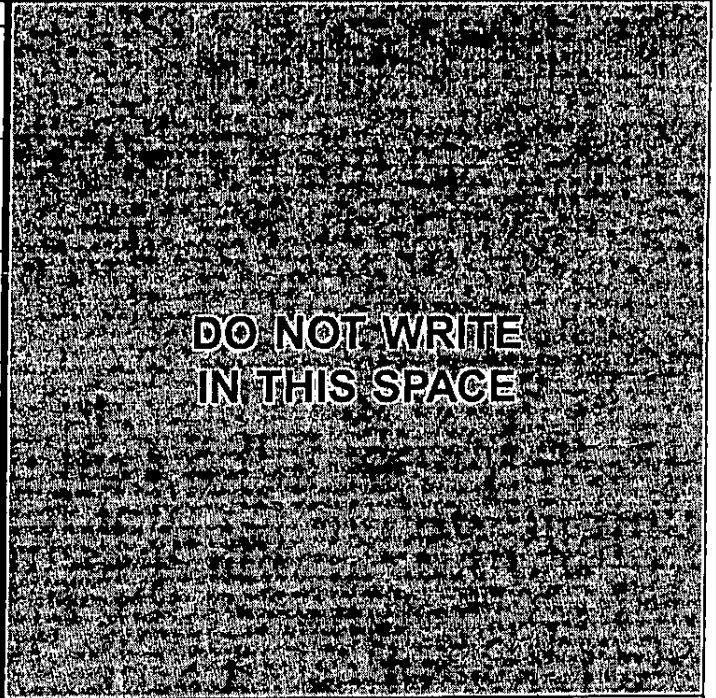
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000829873  
 02/26/08-80060-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERITE, JORDI F 168 SE 1ST STREET, 3RD FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAY, KEITH 168 SE 1ST STREET, 3RD FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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: Jordi F. Verite MGRM 02/2/08 437-0409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Day      Daytime Phone #