2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000030548

NEW VENTURES HOLDINGS, LLC



FILED Jan 08, 2008 08:00 AM **Secretary of State**

Principal Place of Business

910 OLD CAMP RD THE VILLAGES, FL 32162 Mailing Address

5574 SW 30TH AVENUE OCALA, FL 34474



01062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4549924

5. Certificate of Status Desired

\$5.00 Additional

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

CACODCAR, PRAVINA 5574 SW 30TH AVENUE OCALA, FL 34474

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			THO OF AGE
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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000775835 01/08/08-80046-004 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		

CACODCAR, PRAVINA 5574 SW 30TH AVENUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 MGR TITLE JAGALUR, LAKSHMI 1950 LAUREL MANOR DRIVE STREET ADDRESS CITY-ST-ZIP LADY LAKE, FL 32162 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE