

ANNUAL REPORT

DOCUMENT # L06000049827

1. Entity Name
NEW NEIGHBORS MARKETING, LLCPrincipal Place of Business
9712 PARKVIEW AVE
BOCA RATON, FL 33428Mailing Address
9712 PARKVIEW AVE
BOCA RATON, FL 33428

2. Principal Place of Business - No P.O. Box #

7040 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

677

City & State

BOCA RATON, FL

Zip

33433

Country

UNITED STATES

3. Mailing Address

7040 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

677

City & State

BOCA RATON, FL

Zip

33433

Country

UNITED STATES



04262007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

86-1170123

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEINHORN, TED M
22660 CARAVELLE CIRCLE
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

BEINHORN, TED

Street Address (P.O. Box Number is Not Acceptable)

2905 S. Congress Ave.

Suite D

City

Delray Beach

FL

Zip Code

33445

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

Ted M. Beinhorn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/2007

DATE

Filing Fee is \$50.00
Due by May 1, 2007Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------------------|-------------------|----------------------|---------------------------------|
| MGRM | BEINHORN, BONNIE | 9712 PARKVIEW AVE | BOCA RATON, FL 33428 | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|----------------------------------|----------------------|--|-----------------------------------|
| MGRM | BEINHORN, BONNIE | 7040 PALMETTO PARK RD, SUITE 677 | BOCA RATON, FL 33433 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Bonnie Beinhorn

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

Date

4/26/07

Daytime Phone #

561-451-4100