

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90119 043 \*\*\*138.75

60002732



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5117081 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L06000065399

1. Entity Name  
NEW BEGINNINGS PROPERTY MANAGEMENT, LLC



Principal Place of Business Mailing Address  
950 N. COLLIER BLVD. 950 N. COLLIER BLVD.  
SUITE 415 SUITE 415  
MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145 US

2. Principal Place of Business (No P.O. Box #) 3. Mailing Address  
950 N. Collier Blvd 950 N. Collier Blvd.  
Suite, Apt. #, etc. 420 Suite, Apt. #, etc. 420  
City & State Marco Island, FL City & State Marco Island, FL.  
Zip 34145 Country US Zip 34145 Country US

6. Name and Address of Current Registered Agent

LINDSAY, JOSEPH L  
5621 STRAND BLVD.  
SUITE 111  
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 registering)

DATE

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	BENNETTS, TAMMY	
STREET ADDRESS	961 MAPLE CT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOHLBROOK, CHUCK	
STREET ADDRESS	1943 SAN MARCO RD	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tammy Bennetts	
STREET ADDRESS	371 Yarmouth St	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Date

Daytime Phone #

1/7/08 239-343-3439