

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000101072

1. Entity Name
NEW BEGINNINGS FOR THE EASTERN U.S.A. LLC



Principal Place of Business
4058 CAPPER ROAD
JACKSONVILLE, FL 32218

Mailing Address
4058 CAPPER ROAD
JACKSONVILLE, FL 32218



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODBREAD, MICHAEL E JR.
FOWLER WHITE BOGGS BANKER P.A.
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCLAIN, JOHN WAYNE
STREET ADDRESS	4058 CAPPER ROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

REINSTATEMENT 2008

200136530742
10/01/08--01038--005 **143.15

**DO NOT WRITE
IN THIS SPACE**

FILED
2008 OCT - 3 A 11: 36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: John Wayne Mclain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07/01/08 904/307/784-5
Date Daytime Phone