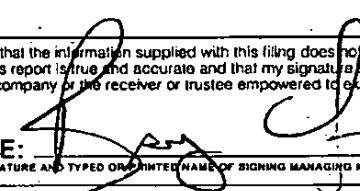


**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90039 010 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                 |                                                                          |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000053652</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                 |                                                                          |                                                     |  |
| 1. Entity Name<br><b>NEWHOMESYS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                 |                                                                          |                                                                                                                                      |  |
| Principal Place of Business<br><b>3650 NORTH 52ND AVENUE<br/>HOLLYWOOD, FL 33021</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                 | Mailing Address<br><b>3650 NORTH 52ND AVENUE<br/>HOLLYWOOD, FL 33021</b> |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | 3. Mailing Address              |                                                                          |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | Suite, Apt. #, etc.             |                                                                          |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | City & State                    |                                                                          | 4. FEI Number<br><b>26-021020</b>                                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                             | Zip                             | Country                                                                  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                             |  |
| 6. Name and Address of Current Registered Agent<br><b>GOTTLIEB, BRUCE M ESQ.<br/>125 NORTH 46TH AVENUE<br/>HOLLYWOOD, FL 33021</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                 |                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                 |                                                                          |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                 | <b>Make check payable to<br/>Florida Department of State</b>             |                                                                                                                                      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                 | 10. ADDITIONS/CHANGES                                                    |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LYNN, BARRY<br>3650 NORTH 52ND AVENUE<br>HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>LYNN, DAVID<br>3650 NORTH 52ND AVENUE<br>HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                 | 2/20/08 954.987-4626                                                     |                                                                                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                 | Date Daytime Phone #                                                     |                                                                                                                                      |  |