

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097302

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: MY NEW AREA LLC

**Current Principal Place of Business:**

9935 N.W. 52 ST.  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

9935 N.W. 52 ST.  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

FEI Number: 26-2350871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDBERG, JEFF L  
9935 N.W. 52 ST.  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOLDBERG, JEFF L  
Address: 9935 N.W. 52 ST.  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM ( ) Delete  
Name: WILSON, JOHN  
Address: 4488 CHALMETTE CT.  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM ( ) Delete  
Name: ELRAFIE, OMAR  
Address: 960 CRYSTAL LAKE DR. #203  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF GOLDBERG

MGR

04/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date