File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.											
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR -2 PM 1: 43				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							)				
1. Name and Mailing Address of Limited Liability Company  DOCUMENT # 198000001233											
NEWCO MANAGEMENT, L.C. 4881 NW 8TH AVE., SUITE 5 GAINESVILLE FL 32605							1a. Principal Place of Business Address 4881 NW 8TH AVE., SUITE 5 GAINESVILLE FL 32605				
2 Principa	Principal Place of Business 2a. Mailin			ng Address				anized or Qualified	3a, State	e of Formation	
Suite, Apt	Suite, Apt. #, etc. Suite			Apt. #, etc.				/1998	FL		
City & State Cit		City & Sta	ty & State				E4. 2/224/			Applied For	
Zip	Country Z <sub>I</sub> p			Country				5. Date of Last Report		Not Applicable  6. Certificate of Status Desired  58.75 Additional Fee Required	
7. Name and Address of Current Registered Agent 8.							Name and Address of New Registered Agent/Office				
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt #, etc.  City  PL  9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.											
SIGNATURE (Represent Associated Approximation Of The Represent Approximation to the restoration of the resto											
10. Title	Managing Members/Managers		Business Street Address				С		ty, State and Zip Code		
MGR	HAWKINS, ROBERT R			HUH ORMS	SBY STATION ROAD			LOUIS	LOUISVILLE KY		
MGR	CHANDLER, CHRIS			<del>l35 w huhamad al</del> i				rouis	KY		
MGR	DOLL, JOHN K	4721 ORMSBY STATION 135 W MUHAMMAD AL				<del>-BLVD</del>   LOUISVILLE			KY		
MGR	BRANNEN, JESSE C		4881	NW 8	TH .	AVE.,	SUITE	5 GAINE	ESVILL	Æ FL	
MGR	DUNCANSON, DANIE	L	4881	NW 8	TH.	AVE.,	SUITE	5 GAINE	ESVILL	E FL	
MGR	ROZBORIL, MICHAE	L	4881	NW 8	TH.	AVE.,	SUITE	5 GAINE	ESVILL	E FL	
-							7	-04/1	6/99~ -1	*567 \$ 01092006 ****188.75	
11 To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that mf 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, and that my name appears in Block 10, or on an attachment with an address.											
SIGNATURE: 19-90 100 100 100 100 100 100 100 100 100 1											

INHSE10 R (12-98)