

# 2000 UNIFORM BUSINESS REPORT (UBR)

004904 AF

DOCUMENT # L99000004038

1. Entity Name  
NEW VENTURES MANAGEMENT, L.L.C.

FILED 3/20  
00 MAR -7 PM 3:22

Principal Place of Business  
ONE EAST BROWARD BOULEVARD, SUITE 905  
FORT LAUDERDALE FL 33301

Mailing Address  
ONE EAST BROWARD BOULEVARD, SUITE 905  
FORT LAUDERDALE FL 33301-1877

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br>65-0931031   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |  |

6. Name and Address of Current Registered Agent  
CURLEY, PAUL J  
ONE EAST BROWARD BOULEVARD, SUITE 905  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent  
Name Andrew Barnett  
Street Address (P.O. Box Number is Not Acceptable) One E. Broward Blvd., Suite 905  
City Ft. Lauderdale FL Zip Code 33301

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.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS                    |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BARNETT, ANDREW<br>ONE EAST BROWARD BOULEVARD, SUITE 905<br>FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Paul J. Curley<br>30 Ocean Parkway, #6E<br>Brooklyn, New York 11218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CURLEY, PAUL J<br>ONE EAST BROWARD BOULEVARD, SUITE 905<br>FORT LAUDERDALE FL 33301 <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 | 700003178521 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>-03/21/00--01108--006<br>*****55.00 *****55.00                        |
| 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 exemption stated in Section 119.07(3)(i), 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 OR MANAGER  
Date 212-453-1121 Daytime Phone #

CR2E083 (9/99)