



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90029 012 ****50.00

DOCUMENT # M04000005607 1. Entity Name NEWCO MANAGEMENT SERVICES, L.L.C.					
Principal Place of Business 251 S. TAMiami TRAIL VENICE, FL 34285			Mailing Address 251 S. TAMiami TRAIL VENICE, FL 34285		
2. Principal Place of Business 251 TAMiami TRAIL S.		3. Mailing Address 251 TAMiami TRAIL S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 20-1475130	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, DAVID 99 NESBIT ST. PUNTA GORDA, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNHAM, DONALD R		NAME		
STREET ADDRESS	500 CERROMAR DRIVE		STREET ADDRESS		
CITY - ST - ZIP	VENICE, FL 34293		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Donald R Burnham</u>			Date: <u>5/3/05</u>		Daytime Phone #: <u>941-584-5000</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Attachment

40083689

NewCo Management Services, LLC #M04000005607

**251 Tamiami Trail, South
Venice, Florida 34285
941-584-5000 • 941-485-8706 (fax)**

May 3, 2005

VIA UPS NEXT DAY AIR

Division of Corporations
2670 Executive Center Circle, Ste. 100
Tallahassee, FL 32301

RE: NewCo Management Service, LLC
Document #M04000005607
2005 Limited Liability Company Annual Report

To Whom It May Concern:

Enclosed is our Annual Report and filing fee of (insert the amount, i.e., \$50.00). We apologize for the slight delay in forwarding this information but did not receive the postcard reminder and downloaded the report as soon as we realized it was due. We respectfully request that you waive any additional fees and process the enclosed report as received timely.

Your consideration is very much appreciated.

Sincerely,

Andie Vitale/cp

Andie Vitale
Business Manager

/av

Enclosures