## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M97000000334

1. Entity Name

NEWTON OLDACRE MCDONALD, L.L.C.



**FILED** Jan 24, 2004 08:00 AM Secretary of State

Principal Place of Business 250 WASHINGTON ST. PRATTVILLE, AL 36067

Mailing Address P.O. BOX 680176 PRATTVILLE, AL 36068



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number					
62-1 <u>5120</u> 9	1				

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIEHN, ROLAND W F

## DO NOT WRITE

% BARRON, REDDING, HUGHES, FITE ET AL 220 MCKENZIE AVE. PANAMA CITY, FL 32401			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered offi	ce or registered agent, or both, in the S	tate of Florida. I am familiar w	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent	signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWTON, THOMAS E 250 WASHINGTON ST. PRATTVILLE, AL 36067				
TITLE NAME STREET ADDRESS CITY+ST-ZIP			01/7	V00000013858 26,704-80070-021	50.00
TITLE NAME STREET ADDRESS CITY - ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	
TITLE NAME STREET ADDRESS 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ППЕ

STREET ADDRESS CITY-ST-ZIP

> Thomas E Newton, Manager SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/21/04

334-361-8500