

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014780

1. Entity Name
NEWPORT LEASING, LLC



Principal Place of Business
**2615 S UNIVERSITY DR
DAVIE, FL 33328**

Mailing Address
**PO BOX 15728
PLANTATION, FL 33318-5728**



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0461437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRANT, MARK F ESQ.
RUDEN, MCCLOSKEY, SMITH, ET AL
200 EAST BROWARD BLVD., STE. 1500
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STELNIK, MARK E
2615 S UNIVERSITY DR
DAVIE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/29/04-80068-003 50.00

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IN THIS SPACE**

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:

Mark E. Stelnik

3/26/04

954 474-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #