

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 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**



01062006 No Chg-LLC

CR2E083 (11/05)

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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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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1100000428248
02/21/06-80041-006 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 exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Mark E. Stelnik
Manager**

2/3/06 954 474-2800

Date

Daytime Phone #