

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001444

Entity Name: NEWPORT UNITED, LTD.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487

## **New Principal Place of Business:**

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487 US

## **Current Mailing Address:**

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487

## **New Mailing Address:**

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487 US

FEI Number: 65-1045211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SOR GENERAL, INC.  
6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **GENERAL PARTNER INFORMATION:**

Document #: P00000089701  
Name: SOR GENERAL, INC.  
Address: 6111 BROKEN SOUND PKWY NW, SUITE 350  
City-St-Zip: BOCA RATON, FL 33487

## **ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JEFFREY L. SCHMIER

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date