

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**DOCUMENT # A04000000032**

1. Entity Name

NEWPORT PROPERTY VENTURES, LTD.



#174 FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:20

Principal Place of Business

3211 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES FL 33134

Mailing Address

PO BOX 331056  
COCONUT GROVE FL 33233



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3211 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Coral Gables, FL

Zip

Country

Zip

33134

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

86-1096524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINI, GREGORY T  
2655 LE JEUNE ROAD, STE. 1101  
CORAL GABLES FL 33134

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

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

DATE

200129588962  
05/15/08--01012--010 \*\*500.00

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L03000010002  
NAME ACREI, LLC  
STREET ADDRESS 107 SARTO AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Constantine J. Scurtis

2/19/08

(305)446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

STAPLE CHECK HERE