


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

190

DOCUMENT # A0500000661			
1. Entity Name NEWPORT HARBOR, LTD.			
Principal Place of Business C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 2 CORAL GABLES FL 33134		Mailing Address C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 2 CORAL GABLES FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 MAY 14 AM 8:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent SCURTIS, CONSTANTINE C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name <u>Martini, Gregory T.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2655 LeJeune Road, Ste 1101</u> City <u>Coral Gables</u> FL <u>33134</u>	
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 <u>[Signature]</u> DATE <u>2/20/2008</u>			

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 #	P05000049805	STREET ADDRESS	
NAME	NEWPORT HARBOR, INC.	CITY-ST-ZIP	
STREET ADDRESS	3211 PONCE DE LEON BOULEVARD STE 202		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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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:

KS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Constantine J. Scurtis

2/19/08

Date

Daytime Phone #

STAPLE CHECK HERE