


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 11 PM 1:59</p>	
1. Name of Limited Partnership NEWPORT WESTBAY, LTD.		1a. DOCUMENT # A95000000253			
Mailing Address 501-B MANATEE AVENUE HOLMES BEACH FL 34217		Principal Office Address 501-B MANATEE AVENUE HOLMES BEACH FL 34217		3. Date Formed or Registered 02/22/1995 3a. Date of Last Report 12/16/1997 4. State or Country of Formation FL	
2. Mailing Address 6620 Cortez Rd W Suite, Apt. #, etc.		2a. Principal Office Address 6620 Cortez Rd W Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$9,500.00 5b. Amount of Capital Contributions in FLORIDA to date:	
City & State Bradenton, FL Zip 34210		City & State Bradenton, FL Zip 34210		6. FEI Number 65-0564000 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent NEWPORT MARKETING, INC. 501-B MANATEE AVENUE HOLMES BEACH FL 34217			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 6620 Cortez Rd W Suite, Apt. #, etc. City Bradenton FL Zip Code 34210		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) NEWPORT MARKETING, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 501 B MANATEE AVENUE		11b. City, State & Zip Code HOLMES BEACH FL 34217 000002713830--4 -12/17/98--01003--002 *****155.25 *****155.25	
11c. Registration/Document Number P94000039708					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE <u>Debra Sue Nielsen</u> DATE _____					
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____					

CR2E003 (8/96)