

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002532

1. Entity Name
NEWPORT PARTNERS XXXVI, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -7 PM 1:33

Principal Place of Business
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746

Mailing Address
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746-5026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3. Mailing Address

Suite, Apt. #, etc.: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number **59-3483846** 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	
CAHALL, PETER S 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$480,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY - ST - ZIP	V35049 NEWPORT PARTNERS, INC. 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746	STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED** _____ Date _____ Daytime Phone # _____