Applied For Not Applicable

2002 UN	IIFORM BU	ISINESS REI	·	_		APPKUV AND	≥ i	
DOCUMEN 1. Entity Name	IT# A98	000001231				FILE)	
NEWPORT WAREHOUSE, LTD.					02 APR 30 PM 6: 19			
Principal Place of Bus 1096 E. NEWPORT CE DEERFIELD BEACH FL	NTER DRIVE. STE. 100	Mailing Address 1096 E. NEWPORT DEERFIELD BEACH		STE. 100	SEC TA'UC	RETARY C EAHASSEE	OF STATE , FLORIDA	
2. Principal Place of E	Jusiness	3. Mailing Address	d No.	.a. + (e.i				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 114			DUE BY MAY 1, 2002		
City & State		Dec field	Beach	PL	4. FEI Number 65-08	46455	Applied Not Appl	
Zip	Country ame and Address of Cur	33442	Counti	у	5. Certificate of Status De		\$8.75 Additional Fee Required	
D. N.	7. Name and Address of New Registered Agent							

or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office

9. Capital Contributions as Shown on record.

BUTTERS, MALCOLM ...

DEERFIELD BEACH FL 33442

1096 E. NEWPORT CENTER DRIVE, STE. 100

\$1,000.00

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 PARTITION ON WATION	13.	ADDRESS CHANGES ONE!
DOCUMENT # NAME	P98000044329 NEWPORT WAREHOUSE, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1096 E. NEWPORT CENTER DRIVE, STE. 100 DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
DOCUMENT # NAME	P98000044333 MSY, INC.	STREET ADDRESS	8000055042586
STREET ADDRESS CITY-ST-ZIP	1166 WEST NEWPORT CENTER DRIVE, SUITE 114 DEERFIELD BEACH FL 33442	CITY-ST-ZIP	-05/10/0201103001 ****141.25 ****141.25
DOCUMENT #	. • · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	
STREET ADDRESS — CITY-ST-ZIP——		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY_ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT.# NAME		STREET ADDRESS	
STREET APPRESS CITY-ST-Z:P		CITY-ST-ZIP	

SIGNATURE

^{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