


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

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000001231 1. Entity Name NEWPORT WAREHOUSE, LTD.	
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Principal Place of Business 1096 E. NEWPORT CENTER DRIVE, STE. 10 DEERFIELD BEACH FL 33442	Mailing Address 1166 WEST NEWPORT CTR., STE. 114 DEERFIELD BEACH FL 33442
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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

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0846455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YOUNG, JAMES L 1166 WEST NEWPORT CTR DR. #114 DEERFIELD BEACH FL 33442
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7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee of application

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 #	P98000044329	STREET ADDRESS	
NAME	NEWPORT WAREHOUSE, INC.	CITY-ST-ZIP	
STREET ADDRESS	1096 E. NEWPORT CENTER DRIVE, STE. 100		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #	P98000044333	STREET ADDRESS	U00000812153
NAME	MSY, INC.	CITY-ST-ZIP	02/12/08-80036-002 500.00
STREET ADDRESS	1166 WEST NEWPORT CENTER DRIVE, SUITE 114		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:  **1/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE