

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003991 AV

**DOCUMENT # A98000001231**  
 1. Entity Name  
**NEWPORT WAREHOUSE, LTD.**



**FILED**

03 MAR 31 AM 10:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**1096 E. NEWPORT CENTER DRIVE, STE. 100  
 DEERFIELD BEACH FL 33442**

Mailing Address  
**1166 WEST NEWPORT CTR., STE. 114  
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

4. FEI Number **65-0846455**  
 Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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**

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 title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	<b>P98000044329</b>
NAME	<b>NEWPORT WAREHOUSE, INC.</b>
STREET ADDRESS	<b>1096 E. NEWPORT CENTER DRIVE, STE. 100</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
DOCUMENT #	<b>P98000044333</b>
NAME	<b>MSY, INC.</b>
STREET ADDRESS	<b>1166 WEST NEWPORT CENTER DRIVE, SUITE 114</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

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: *James L Young* **James L Young** **3/19/2003** **954 570**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**MSY, INC.** **8405**

SAMPLE CHECK HERE