


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000016336</b> 1. Entity Name <b>NEWPORT STAR, LLC</b>	
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Principal Place of Business <b>2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431</b>	Mailing Address <b>2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431</b>
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01082004 No Chg-LLC

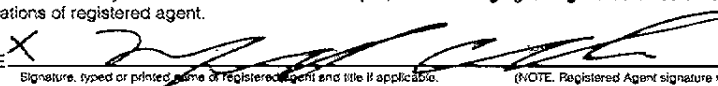
CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1151667</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CAMILLERI, MICHAEL 2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431</b>
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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 <b>1/10/04</b> <small>Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CAMILLERI, MICHAEL 2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VALKO, JOHN 2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  DATE <b>1/10/04</b> 501-241-9974 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
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