2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State
06-13-2005 90321 013 ****55.00

DOCUMENT # L01000016336

1. Entity Name
NEWPORT STAR, LLC

Principal Place of Business	Mailing Address
2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431	2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431

200601316

05202005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
55 NE fifth Avenue	55 NE fifth Avenue
Suite, Apt. #, etc.: Suite 502	Suite, Apt. #, etc.: Suite 502
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: Palm Beach	Zip: 33432 Country: Palm Beach

4. FEI Number: 65-1151667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMILLERI, MICHAEL
2101 NW CORPORATE BLVD., STE. 415
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 55 NE fifth Avenue
City: Boca Raton FL Zip Code: 33431

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 X [signature] 5/10/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CAMILLERI, MICHAEL 2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431 ☐ Delete	☒ Change ☐ Addition 55 NE fifth Avenue Suite 502, Boca Raton, FL 33432
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VALKO, JOHN 2101 NW CORPORATE BLVD., STE. 415 BOCA RATON, FL 33431 ☐ Delete	☒ Change ☐ Addition 55 NE fifth Avenue Suite 502, Boca Raton, FL 33432
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

11. 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 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: X [signature] 5/10/05 561-237-0828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #