2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016336

1. Entity Name

NEWPORT STAR, LLC



Principal Place of Business

Mailing Address

55 NE FIFTH AVENUE SUITE 502

BOCA RATON, FL 33432

55 NE FIFTH AVENUE SUITE 502 BOCA RATON, FL 33432

FILED Jan 20, 2006 8:00 am Secretary of State

01-20-2006 90048 027 ****55.00



01112006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	 Applied Fo
	65-1151667	 Not Applic
5.	Certificate of Status Desired	5.00 Additional

6. Name and Address of Current Registered Agent

8. The above named entity submits this statement for the nurrouse of changing its registered office

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CAMILLERI, MICHAEL 55 NE FIFTH AVENUE BOCA RATON, FL 33431

SIGNATURE:

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the obligations of registered agent.			
SIGNATURE_	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 May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMILLERI, MICHAEL 55 NE FIFTH AVENUE, SUITE 502 BOCA RATON, FL 33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALKO, JOHN 55 NE FIFTH AVENUE, SUITE 502 BOCA RATON, FL 33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. 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 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.			