

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90105 046 ****50.00

DOCUMENT # L01000020244 1. Entity Name NEWPART INVESTORS, L.L.C.			
Principal Place of Business 2601 BISCAYNE BLVD. MIAMI, FL 33137		Mailing Address P.O. DRAWER 370308 MIAMI, FL 33137	
2. Principal Place of Business <i>1001 NW 12 Terr</i>		3. Mailing Address <i>1001 NW 12 Terr</i>	
Suite, Apt. #, etc. <i>Pompano Beach, FL</i>		Suite, Apt. #, etc. <i>Pompano Beach, FL</i>	
City & State <i>Pompano Beach, FL</i>		City & State <i>Pompano Beach, FL</i>	
Zip <i>33069</i>		Zip <i>33069</i>	
Country 		Country 	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent RODRIGUEZ, ANTONIO 2601 BISCAYNE BLVD. MIAMI, FL 33137	
7. Name and Address of New Registered Agent Name <i>Jose Cristobal Reyes</i> Street Address (P.O. Box Number is Not Acceptable) <i>1001 NW 12 Terr</i> City <i>Pompano Beach, FL</i> Zip Code <i>33069</i>		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 <i>[Signature]</i> DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	
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 NEWPORT PARTNERS 2601 BISCAYNE BLVD. MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Manager Jose Cristobal Reyes 1001 NW 12 Terr Pompano Beach, FL 33069</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	