

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003171

FILED  
Jan 12, 2004  
Secretary of State

**Entity Name:** NEWPORT FUNDING GROUP, LLC

**Current Principal Place of Business:**

50 SEAGATE DRIVE UNIT 803  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 111286  
NAPLES, FL 34108

**New Mailing Address:**

PO BOX 449  
NEWTOWN SQUARE, PA 19073

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EPSTEIN, DAVID  
50 SEAGATE DRIVE UNIT 803  
NAPLES, FL 34103

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: EPSTEIN, DAVID  
Address: 50 SEAGATE DRIVE, UNIT 803  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID EPSTEIN

MGRM

01/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date