

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90287 008 \*\*\*\*50.00

<b>DOCUMENT # L03000028654</b> 1. Entity Name <b>NEWMAN PROPERTIES, LLC</b>					
Principal Place of Business <b>254 NE 6TH STREET BOCA RATON FL 33432</b>			Mailing Address <b>254 NE 6TH STREET BOCA RATON FL 33432</b>		
2. Principal Place of Business <b>101 SE 15TH AVE</b> Suite, Apt. #, etc. <b>E</b>		3. Mailing Address <b>101 SE 15TH AVE</b> Suite, Apt. #, etc. <b>E</b>		 MOORE CR2E083 (11/03)	
City & State <b>FT LAUDERDALE, FL</b> Zip <b>33301</b>		City & State <b>FT LAUDERDALE, FL</b> Zip <b>33301</b>		4. FEI Number <b>83-0367585</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>BROWARD</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NEWMAN, AARON 254 NE 6TH STREET BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent Name <b>NEWMAN, AARON</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 SE 15TH AVENUE #E</b> City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33301</b>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE <b>2,9,04</b>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMAN, AARON 254 NE 6TH STREET BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMAN, AARON 101 SE 15TH AVE #E FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMAN, STEVE 468 E BOCA RATON ROAD BOCA RATON FL 33432	<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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>2,9,04</b> Daytime Phone # <b>561 7564392</b>		