

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000040372

1. Entity Name

NEW PORT INVESTORS, LLC



Principal Place of Business

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308

Mailing Address

2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308

FILED

07 MAR 20 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

56-2408696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRENNEIS, JOHN E
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MITCHELL, JOSEPH D
STREET ADDRESS	1090 JUPITER PARK DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	FARMER, C G
STREET ADDRESS	2851 REMINGTON GN CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #

C. G. Farmer 2/26/07 850-386-2522