
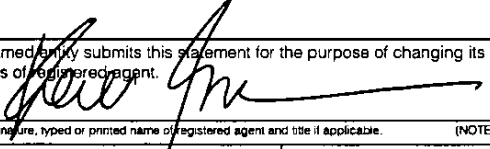
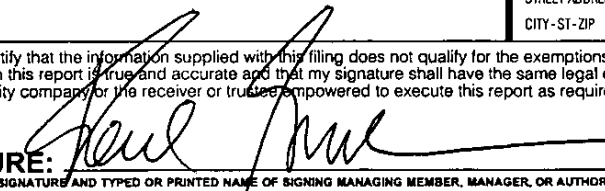


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90034 008 ****50.00

DOCUMENT # L03000045831					
1. Entity Name MPKG NEWPORT NEWS LLC					
Principal Place of Business 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431			Mailing Address 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431		
2. Principal Place of Business 2600 N MILITARY TRAIL		3. Mailing Address 2600 N MILITARY TRAIL			
Suite, Apt. #, etc. # 290		Suite, Apt. #, etc. # 290			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 20-0405628	
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, KENNETH J 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name GOODMAN, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 2600 N MILITARY TRAIL, # 290 City BOCA RATON FL Zip Code 33431		
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  DATE 4/9/06 <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 May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUDER, MICHAEL 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH J 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUDER, MICHAEL 2600 N MILITARY TRAIL, #290 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH J 2600 N MILITARY TRAIL, # 290 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUDER, MICHAEL 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH J 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUDER, MICHAEL 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH J 2300 GLADES RD., STE. 230W BOCA RATON, FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				Date 4/10/06 Daytime Phone # 561 862 0777	