

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046559

Entity Name: NEWPORT GROUP, L.L.C.

FILED  
Jan 09, 2007  
Secretary of State

**Current Principal Place of Business:**

6919 SPINNAKER BLVD  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

6919 SPINNAKER BLVD  
ENGLEWOOD, FL 34224

**New Mailing Address:**

FEI Number: 20-0627397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWELL, DARRYL A  
6919 SPINNAKER BLVD  
ENGLEWOOD, FL 34224 US

**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/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBERTS, K STEVEN SEC  
Address: 6919 SPINNAKER BLVD  
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: MGR ( ) Delete  
Name: NEWELL, DARRYL A PRES  
Address: 6919 SPINNAKER BLVD  
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: MGR ( ) Delete  
Name: PORTER, WILLIAM S VP  
Address: 6919 SPINNAKER BLVD  
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: MGR ( ) Delete  
Name: HEISE, THOMAS C VP  
Address: 6919 SPINNAKER BLVD  
City-St-Zip: ENGLEWOOD, FL 34224 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: K. STEVEN ROBERTS

MGR

01/09/2007

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