

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000027081

1. Entity Name

NEWMAN PROPERTIES, LLC



Principal Place of Business

2090 SW BRISBANE STREET
PORT ST. LUCIE, FL 34984 US

Mailing Address

2090 SW BRISBANE STREET
PORT ST. LUCIE, FL 34984 US

DO NOT WRITE IN THIS SPACE



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
NEWMAN, DENNIS J
2090 SW BRISBANE STREET
PORT ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
NEWMAN, SANDRA
2090 SW BRISBANE STREET
PORT ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000333479
01/25/06-80023-005 50.00

**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

1/13/06

Date

Daytime Phone # _____