

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 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**



01092007 No 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**

**UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139**

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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 reappointing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

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

U000000591837  
01/19/07-80039-018 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

Date

Daytime Phone #