2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L04000031089

Entity Name: NEWPORT ASSOCIATES, LLC

Current Principal Place of Business:

1550 COROAPOLIS HEIGHTS ROAD, 5TH FLOOR
MOON TOWNSHIP, PA 15108

New Principal Place of Business:

1550 COROAPOLIS HEIGHTS ROAD,
SUITE 520
MOON TOWNSHIP, PA 15108

Current Mailing Address:

1550 COROAPOLIS HEIGHTS ROAD, 5TH FLOOR
MOON TOWNSHIP, PA 15108

New Mailing Address:

1550 COROAPOLIS HEIGHTS ROAD,
SUITE 520
MOON TOWNSHIP, PA 15108

FEI Number: 13-4278820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICICCO, SAMUEL E
2911 PASS A GRILLE WAY
ST. PETERSBURG BEACH, FL 33706 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: MM ( ) Delete
Name: DICICCO, SAMUEL E
Address: 1550 CORAOPOLIS HTS. RD.
City-St-Zip: CORAOPOLIS, PA 15108

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL E. DICICCO MM 01/15/2009

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