

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000033587

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** NEWMAST VENTURES, LLC

**Current Principal Place of Business:**

4255 NW 25TH WAY  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

4255 NW 25TH WAY  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 20-1084057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWBERY, WILLIAM T  
4255 NW 25TH WAY  
BOCA RATON, FL 334324 US

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

NEWBERY, WILLIAM T  
4255 NW 25TH WAY  
BOCA RATON, FL 33434 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NEWBERY, WILLIAM T  
Address: 4255 NW 25TH WAY  
City-St-Zip: BOCA RATON, FL 33434

**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: WILLIAM T NEWBERY

MGRM

04/15/2009

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