2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000024735

1. Entity Name
NEW PORT HOLDINGS, LLC



Principal Place of Business

601 BAYSHORE BLVD., SUITE 960 TAMPA, FL 33606

Mailing Address 601 BAYSHORE BLVD., SUITE 960 TAMPA, FL 33606

FILED Apr 30, 2007 08:00 Al Secretary of State



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-2562195		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ST CORP

F & L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chanions of registered agent.	ging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE .
Fi D	iling Fee is \$50.00 ue by May 1, 2007		19-11
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	ECOGROUP, INC.		
STREET ADDRESS	601 BAYSHORE BLVD., SUITE 960	1	
CITY-ST-ZIP	TAMPA, FL 33606	· ·	
TITLE		•	U00000745397 05/16/07-80028-001 50.00
NĄME	•	· ·	05/16/07-80028-001 50.00
STREET ADDRESS			
TITLE			
NAME STREET ADDRESS	5		
CITY-ST-ZIP		l DO	NOT WRITE
TITLE		151 7	THE CDACE
NAME		IN I	HIS SPACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		······································	•
NAME			
STREET ADDRESS			
CITY-ST-ZIP		<u></u>	
TITLE			
NAME			
STREET ADDRESS	•		

11. I hereby certify that the information supplied with this filling 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

EDWARD R. OELSCHLAEGER 3/12/07

Daytime Phone #

813-251-4868