2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026285

1. Entity Name NEWTON 05, LLC



Principal Place of Business

CITY-ST-ZIP

200 W. FORSYTH STREET, STE. 1600 JACKSONVILLE, FL 32202

Mailing Address

P.O. BOX 52898

JACKSONVILLE, FL 32201-2898

FILED Apr 05, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2495033 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

NEWTON, RUSSELL B III 200 W. FORSYTH STREET, STE. 1600 JACKSONVILLE, FL 32202

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)	DAIE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	1	
NAME	RUSSELL, NEWTON B III		Lineageneere
STREET ADDRESS	200 W. FOURTH STREET, SUITE 1600		U00000690953
CITY-ST-ZIP	JACKSONVILLE, FL 33202		04/12/07-80011-013 50.00
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11. I nereby 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: MULLI B. Must Russell B. Newton, III 3/3 o/07 904-356-1739

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

Date

Date

Date

Date

Description Proces