


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90039 007 ****50.00

DOCUMENT # L05000046682

1. Entity Name
 NEWPORT CENTER PLAZA GP, LLC




Principal Place of Business
 1096 EAST NEWPORT CENTER DRIVE, STE. 100
 DEERFIELD BEACH, FL 33442

Mailing Address
 1096 EAST NEWPORT CENTER DRIVE, STE. 100
 DEERFIELD BEACH, FL 33442

2. Principal Place of Business
 6820 LYONS TECHNOLOGY CIRCLE
 Suite, Apt. #, etc.
 #100
 City & State
 COCONUT CREEK, FL.

3. Mailing Address
 6820 LYONS TECHNOLOGY CIRCLE
 Suite, Apt. #, etc.
 #100
 City & State
 COCONUT CREEK, FL.

Zip Country
 33073 USA



03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 03-0561686

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
 1096 EAST NEWPORT CENTER DRIVE, STE. 100
 DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 6820 LYONS TECHNOLOGY CIRCLE, #100
 City
 COCONUT CREEK FL Zip Code
 33073

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 M. BUTTERS DATE 04/28/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	HGR Malcolm Butters 6820 Lyons Tech Cir #100 Coconut Creek, FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	HGR Malcolm Butters 6820 Lyons Tech Cir. #100 Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. BUTTERS DATE 04/28/06 DAYTIME PHONE # 954-570-8111

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