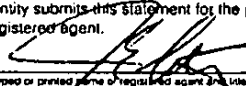
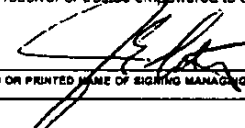


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-08-2007 90190 024 ****50.00

DOCUMENT # L06000058100 1. Entity Name NEWPORT DWDS INVESTMENTS, LLC					
Principal Place of Business 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			Mailing Address 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # 4211 W. Bay Scout Blvd Suite, Apt. #, etc. Suite 520 City & State Tampa, FL Zip 33607 Country USA		3. Mailing Address 4211 W. Bay Scout Blvd. Suite, Apt. #, etc. Suite 520 City & State Tampa, FL Zip 33607 Country USA			
4. FEI Number 20-5004438				Chg-LLC CR2E083 (12/06) Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent NOLAN, MICHAEL J 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name John E. Carter Street Address (P.O. Box Number is Not Acceptable) 4211 W. Bay Scout Blvd. #520 City Tampa FL Zip Code 33607		
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  John E. Carter Managing Member 3/5/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOLAN, MICHAEL J 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member John E. Carter 4211 W. Bay Scout Blvd #520 Tampa FL 33607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	#520	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	#520	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	#520	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  John E. Carter Member 3/5/07 287-0101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8/3 Daytime Phone #		

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