2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 30, 2007 8:00 am
Secretary of State
03-08-2007 90190 024 ****50.00

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1. Entity Name
NEWPORT DWDS INVESTMENTS, LLC

Principal Place of Business	Mailing Address
201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4211 W. Boy Scout Blvd	4211 W. Boy Scout Blvd.
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. FEI Number: 20-5004438 ☐ 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. Boy Scout Blvd. #500
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	r managing Member John E. Carter 4211 W. Boy Scout Blvd #500 Tampa FL 33607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] 500	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] 500	☒ Addition
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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 3/5/07 813 287-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #