

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065503

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: NEW PORT VILLAGE CENTER, LLC

**Current Principal Place of Business:**

1733 WEST FLETCHER AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1733 WEST FLETCHER AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 20-5120218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DWORZANOWSKI, GREGORY W  
1733 WEST FLETCHER AVENUE  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

LEEDS, MICHAEL J  
1733 WEST FLETCHER AVENUE  
TAMPA, FL 33612 US

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.

SIGNATURE: MICHAEL J. LEEDS

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RICE, MITCHELL F  
Address: 1733 WEST FLETCHER AVENUE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MITCHELL F. RICE

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date