2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107645

Entity Name: NEWPORT BUSINESS SERVICES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
350 HOMESTEAD ROAD SOUTH LEHIGH ACRES, FL 33936	25 HOMESTEAD RD. N. 29 LEHIGH ACRES, FL 33936

Current Mailing Address:	**New Mailing Address:**
350 HOMESTEAD ROAD SOUTH LEHIGH ACRES, FL 33936	25 HOMESTEAD RD. N. 29 LEHIGH ACRES, FL 33936

FEI Number: 20-5875757   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PARADISO, ANTHONY 350 HOMESTEAD ROAD SOUTH LEHIGH ACRES, FL 33936 US	PARADISO, ANTHONY 25 HOMESTEAD ROAD N. 29 LEHIGH ACRES, FL 33936 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: _____   01/27/2009
　　　　　　　　Electronic Signature of Registered Agent　　　　　　　　　　　　　　　　Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title: MGRM (X) Change ( ) Addition
Name:	PARADISO, ANTHONY	Name: PARADISO, ANTHONY
Address:	350 HOMESTEAD ROAD SOUTH	Address: 25 HOMESTEAD ROAD N. #29
City-St-Zip:	LEHIGH ACRES, FL 33936	City-St-Zip: LEHIGH ACRES, FL 33936

Title:	P (X) Delete	Title: ( ) Change ( ) Addition
Name:	KRAUSS, DEANN	Name:
Address:	350 HOMESTEAD ROAD SOUTH	Address:
City-St-Zip:	LEHIGH ACRES, FL 33936	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: ANTHONY PARADISO   MGRM   01/27/2009
_____
　　　　Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date