


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90164 050 \*\*\*138.75

DOCUMENT # L07000069452  
 1. Entity Name  
**NEWPORT FUNDING, LLC**



Principal Place of Business Mailing Address  
 7300 37TH AVENUE NORTH 7300 37TH AVENUE NORTH  
 ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **26-1073277** Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent  
**BELLINO, THOMAS**  
**7300 37TH AVENUE NORTH**  
**ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer (operator) (NOTE: Registered agents to be required when necessary)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

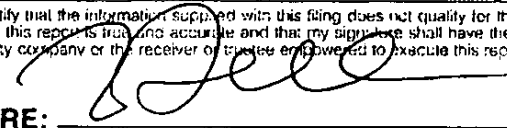
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BELLINO, THOMAS	7300 37TH AVENUE NORTH	ST. PETERSBURG FL 33710	<input type="checkbox"/>
MGRM	BELLINO, ROBERT	9303 17TH AVENUE N.W.	BRADENTON FL 34209	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE:  DATE: **4/2/08** (727) 346-9555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE