2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9600000816

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

-Zip

#100

1700 E. LAS OLAS BLVD

FORT LAUDERDALE FL 33301

KOCH, NEWTON & PARTNERS, L.C.

Country

NEWTON, JOHN ROBERT III

6. Name and Address of Current Registered Agent

Principal Place of Business

FORT LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

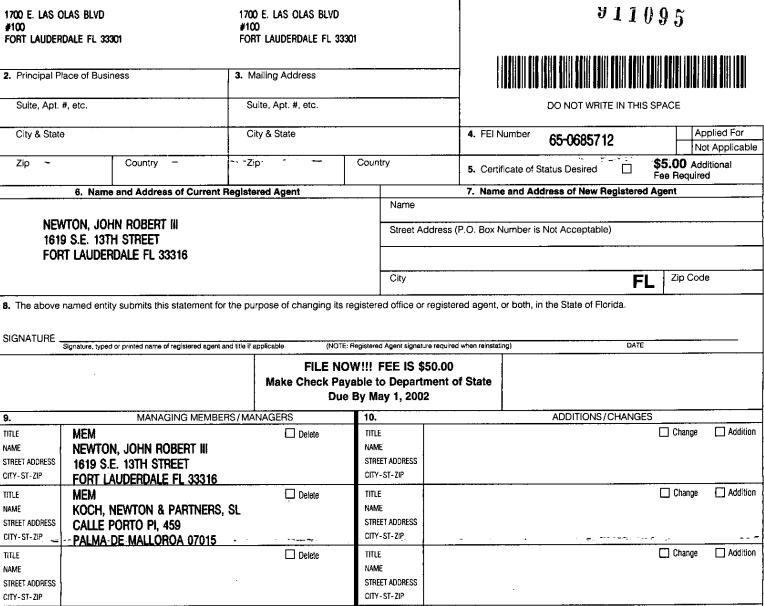
City & State

Zip

1700 E. LAS OLAS BLVD

#100

FILED



Jan 28, 2002 8:00 am Secretary of State 01-28-2002 90005 006 ****50.00

1619 S.E. 13TH STREET FORT LAUDERDALE FL 33316 City

> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

> > FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002

Country

			.,, ., <u></u>	·-
9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NEWTON, JOHN ROBERT III 1619 S.E. 13TH STREET FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KOCH, NEWTON & PARTNERS, SL CALLE PORTO PI, 459 PALMA-DE-MALLOROA 07015	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
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 .
TITLE NAME STREET ADDRESS CITY-ST-7IP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate any 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 received in trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF