

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90005 006 \*\*\*\*50.00

911095



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # L96000000816</b>			
<b>1. Entity Name</b> <b>KOCH, NEWTON &amp; PARTNERS, L.C.</b>			
<b>Principal Place of Business</b> 1700 E. LAS OLAS BLVD #100 FORT LAUDERDALE FL 33301		<b>Mailing Address</b> 1700 E. LAS OLAS BLVD #100 FORT LAUDERDALE FL 33301	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  NEWTON, JOHN ROBERT III 1619 S.E. 13TH STREET FORT LAUDERDALE FL 33316		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
		<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>Due By May 1, 2002</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NEWTON, JOHN ROBERT III 1619 S.E. 13TH STREET FORT LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KOCH, NEWTON & PARTNERS, SL CALLE PORTO PI, 459 PALMA DE MALLORCA 07015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (9/01)

**11. I hereby certify that the information supplied with this 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 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:**

SIGNATURE REQUIRED: JOHN ROBERT NEWTON III 1/23/02 954-525-7080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #