

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90160 003 ****50.00

DOCUMENT # L96000000816

1. Entity Name

KOCH, NEWTON & PARTNERS, L.C.



Principal Place of Business

1700 E. LAS OLAS BLVD
#100
FORT LAUDERDALE FL 33301

Mailing Address

1700 E. LAS OLAS BLVD
#100
FORT LAUDERDALE FL 33301

change of address -

2. Principal Place of Business

1830 SE 4th Ave.

3. Mailing Address

1830 SE 4th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0685712

Applied For

Not Applicable

Zip

Country

33316 USA

Zip

Country

33316 USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, JOHN ROBERT III
1619 S.E. 13TH STREET
FORT LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEM
NAME NEWTON, JOHN ROBERT III
STREET ADDRESS 1619 S.E. 13TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MEM
NAME KOCH, NEWTON & PARTNERS, SL
STREET ADDRESS CALLE PORTO PI, 459
CITY-ST-ZIP PALMA DE MALLORCA 07015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #