

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000000816

1. Entity Name
KOCH, NEWTON & PARTNERS, L.C.



Principal Place of Business
**1830 SE 4TH AVE.
FORT LAUDERDALE, FL 33316**

Mailing Address
**1830 SE 4TH AVE.
#100
FORT LAUDERDALE, FL 33316**



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0685712

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

1-21-05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	NEWTON, JOHN ROBERT III
STREET ADDRESS	1619 S.E. 13TH STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316
TITLE	MEM
NAME	KOCH, NEWTON & PARTNERS, SL
STREET ADDRESS	CALLE PORTO PI, 459
CITY - ST - ZIP	PALMA DE MALLORCA, 07015
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000194998
01/26/05-80010-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-21-05