2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600000816

1. Entity Name

KOCH, NEWTON & PARTNERS, L.C.



FILED Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90029 014 ****50.00

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Principal Pla	ce of Busines	ss	Mailing Address			_				
1700 E. LAS OLAS BLVD #100 FORT LAUDERDALE FL 33301			#100	1700 E. LAS OLAS BLVD #100 FORT, LAUDERDALE FL 33301			NATANI BILB KRIKA BININ BRIKA BUSIN JE	ili Balik Balik Asibi seleh i	11818 BIH 1801	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State			mber 65-0685712		pplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certific	cate of Status Desired	S5.00 Ad	ditional		
-	6. Name	and Address of Currer	nt Registered Agent			7. Name	and Address of New Reg	istered Agent		
NEWTON, JOHN ROBERT III					Name					
1619 S.E. 13TH STREET FORT LAUDERDALE FL 33316					Street Add	iress (P.O. Box Nu	mber is Not Acceptable)			
					City		· · · · · · · · · · · · · · · · · · ·	FL Zip Coo		
8. The above the obligat	named entit tions of regist	y submits this statement ered agent.	for the purpose of chang	ging Its register	ed office or re	egistered agent, or	both, in the State of Florid	a. I am familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					ed Agent signature i	required when reinstating)	DATE		
				LE NOW!!! Payable to Fi Due By M	orida Depa	0.00 rtment of State				
9.		MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/CH	IANGES		
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NAME		, JOHN ROBERT III		NAM	IE į				_	
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TITLE	MEM	JDERDALE FL 33316			-ST-ZIP					
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ii, inerebyc	ertify that the	information supplied wit	n this tiling does not aud	lity for the ever	notion stated	in Section 110 07/	21/i) Elorido Ctotuto - 1 f	des of a sur-		

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 CHAPTER

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/7/03

954.525.7080