

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002476

FILED  
May 17, 2005  
Secretary of State

**Entity Name:** NEWPORT GENERAL INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

22632 GOLDEN SPRINGS RD., STE. 300  
DIAMOND BAR, CA 91765

**New Principal Place of Business:**

**Current Mailing Address:**

22632 GOLDEN SPRINGS RD., STE. 300  
DIAMOND BAR, CA 91765

**New Mailing Address:**

**FEI Number:** 95-4796621      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: KELLY, JOAN M  
Address: 5413 MEAD DR  
City-St-Zip: BUENA PARK, CA 91765

Title: ST ( ) Delete  
Name: LYNSKY, MARTIN J  
Address: 72 SHADEY BROOK DR  
City-St-Zip: MIDDLETOWN, NJ 07748

Title: V ( ) Delete  
Name: DICAPUA, DENNIS J  
Address: 555 SLOPE DR  
City-St-Zip: SHORT HILLS, NJ 07078

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOAN M. KELLY

P

05/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date