

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000002043

1. Entity Name
NEWTON & ASSOCIATES, LLC



Principal Place of Business
**3001 DIVISION STREET
METAIRIE, LA 70002**

Mailing Address
**3001 DIVISION STREET
METAIRIE, LA 70002**



01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0895697

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARCADIS, RALPH
4062 HENDERSON BLVD
TAMPA, FL 33629**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRENAN, THOMAS E
STREET ADDRESS	3001 DIVISION STREET
CITY - ST - ZIP	METAIRIE, LA 70002
TITLE	Member/Manager
NAME	William J. Newton
STREET ADDRESS	3001 Division Street
CITY - ST - ZIP	Metairie, LA 70002
TITLE	Member/Manager
NAME	Scott M. Jefferson
STREET ADDRESS	3001 Division Street
CITY - ST - ZIP	Metairie, LA 70002
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/10/06-80051-022 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas E. Brennan, IV *Thomas E. Brennan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

504-469-9545