

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000001244

1. Entity Name

NEWTON RESEARCH LLC



Principal Place of Business

Mailing Address

**530 E. CENTRAL BLVD., SUITE 1601
ORLANDO FL 32801**

**530 E. CENTRAL BLVD., SUITE 1601
ORLANDO FL 32801**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2065957

Applied For

Not Applicable

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

**CAPUANO, GARY
530 E. CENTRAL BLVD., SUITE 1601
ORLANDO FL 32801**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR** ☐ Delete
NAME: **ENTAC PHA, INC.**
STREET ADDRESS: **530 E. CENTRAL BLVD., SUITE 1601**
CITY-STATE-ZIP: **ORLANDO FL 32801**

☐ Change ☐ Addition
U000000643694
03/02/07-80012-021 50.00

TITLE: **MGR** ☐ Delete
NAME: **BLOOM, MICHAEL**
STREET ADDRESS: **1110 CLIFFORD DRIVE**
CITY-STATE-ZIP: **KASOTA MN 56050**

☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] **GARY E. CAPUANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-407-474-8222