


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000097995</b>	
1. Entity Name NTC LTD CO	

Principal Place of Business 300 NORTHSTAR COURT SANFORD, FL 32771 US	Mailing Address 300 NORTHSTAR COURT SANFORD, FL 32771 US
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**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5665182	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FREITAG, JOHN E  
 300 NORTHSTAR COURT  
 SANFORD, FL 32771

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

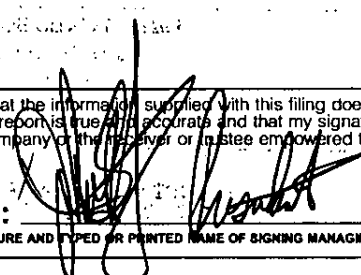
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000904869  
 05/01/08-80090-009 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREITAG, JOHN 718 BRIARCREST DR ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYR, ALAN 11229 SANDHILL DR GRASS LAKE, MI 49240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLIS, CHARLES 2021 HILLCREST ST FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, ED 4412 ENCHANTED OAKS DR ARLINGTON, TX 76016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **4/17/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #