

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 12 PM 12:40

DOCUMENT # A03000000165

1. Entity Name  
 NT FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 12983 SOUTHERN BLVD., SUITE 202  
 LOXAHATCHEE, FL 33470

Mailing Address  
 12983 SOUTHERN BLVD., SUITE 202  
 LOXAHATCHEE, FL 33470



2. Principal Place of Business  
 1157 SOUTH S.R. #7  
 Suite, Apt. #, etc.

3. Mailing Address  
 1157 SOUTH S.R. #7  
 Suite, Apt. #, etc.

01052004 Chg-LP CR2E003 (10/03)

City & State  
 WELLINGTON, FL  
 Zip  
 33414  
 Country  
 USA

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 WELLINGTON, FL  
 Zip  
 33414  
 Country  
 USA

4. FEI Number  
 72-1559521  
 5. Certificate of Status Desired ☐ Applied For ☒ Not Applicable  
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIPURANENI, KRISHNA  
 12983 SOUTHERN BLVD., SUITE 202  
 LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent  
 Name  
 KRISHNA TRIPURANENI  
 Street Address (P.O. Box Number is Not Acceptable)  
 1157 SOUTH S.R. #7  
 City  
 WELLINGTON FL Zip Code  
 33414

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

2-5-04  
 DATE

9. Capital Contributions  
 as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 L03000003617  
 NT MANAGEMENT, LLC  
 12983 SOUTHERN BLVD., SUITE 202  
 LOXAHATCHEE, FL 33470

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP  
 1157 SOUTH S.R. #7  
 WELLINGTON, FL 33414

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-5-04

Date

Daytime Phone #

STAPLE CHECK HERE