2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

DOCUMENT # A03000000165

1. Entity Name NT FAMILY LIMITED PARTNERSHIP



FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

1157 SOUTH S.R. #7 WELLINGTON, FL 33414 Mailing Address

1157 SOUTH S.R. #7 WELLINGTON, FL 33414



01032007 No Cha-LP

CR2E003 (12/06)

4. FEI Number 72-1559521

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIPURANENI, KRISHNA 1157 SOUTH S.R. #7 WELLINGTON, FL 33414

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The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	DATE
FiLE NOWII! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS	

GENERAL PARTNER INFORMATION 12. 1.03000003617 DOCUMENT # NT MANAGEMENT, LLC NAME STREET ADDRESS 1157 SOUTH S.R. #7 CITY-ST-ZIP WEELINGTON, FL 33414 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CTTY-ST-ZIP DOCUMENT /

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT #

NAME STREET ADDRESS CITY-ST; ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNE