2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM Secretary of State **Due By May 1, 2008 DOCUMENT # A03000000165** NT FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1157 SOUTH S.R. #7 1157 SOUTH S.R. #7 WELLINGTON, FL 33414 WELLINGTON, FL 33414 01042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 72-1559521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE TRIPURANENI, KRISHNA 1157 SOUTH S.R. #7 WELLINGTON, FL 33414 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 # L03000003617 NAME NT MANAGEMENT, LLC STREET ADDRESS 1157 SOUTH S.R. #7 CITY-ST-ZIP WEELINGTON, FL 33414 · U00000784330 DOCUMENT # 01//16/08-80048-006 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS IN THIS SPACE CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIF

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:

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

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING GENERAL PARTNER