


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 FEB -6 AM 10:51

DOCUMENT # A05000002236	
1. Entity Name T.N.T. MULTI-SECTOR FUND, LTD.	

Principal Place of Business 224 TARPON STREET TAVERNIER, FL 33070 US	Mailing Address 224 TARPON STREET TAVERNIER, FL 33070 US
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2. Principal Place of Business - No P.O. Box # 93351 Overseas Hwy Suite, Apt. #, etc. Box 2	3. Mailing Address P.O. Box 9299 Suite, Apt. #, etc.
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City & State Tavernier, FL	City & State Tavernier, FL
Zip 33070 Country USA	Zip 33070 Country USA

		
01312007	Chg-LP	CR2E003 (12/06)
4. FEI Number 20-3956273	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEWBERRY, THOMAS J 224 TARPON STREET TAVERNIER, FL 33070	7. Name and Address of New Registered Agent Name Thomas J Newberry Street Address (P.O. Box Number is Not Acceptable) 93351 Overseas Hwy Box 2 City Tavernier FL Zip Code 33070
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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  DATE 1/31/07

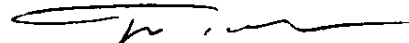
FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000032616 T.N.T. INVESTMENTS, INC. 224 TARPON STREET TAVERNIER, FL 33070	STREET ADDRESS CITY-ST-ZIP	93351 Overseas Hwy, Box 2 Tavernier, FL 33070
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:  DATE 1/31/07 305-3931738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #