


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

DOCUMENT # A95000001476		
1. Entity Name NTC DEVELOPMENT, LTD.		

**FILED**

04 JUL 12 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business 6025 CARLTON LAKES BLVD. NAPLES, FL 34110	Mailing Address 6025 CARLTON LAKES BLVD. NAPLES, FL 34110
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2. Principal Place of Business		3. Mailing Address <i>6704 Lone Oak Blvd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Naples FL</i>	
Zip	Country	Zip <i>34109</i>	Country <i>USA</i>

07062004	Chg-LP	CR2E003 (10/03)	<i>7/12</i>
4. FEI Number 65-0486575		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STERLING, JACK 6025 CARLTON LAKES BLVD. NAPLES, FL 34110	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <i>6704 Lone Oak Blvd</i>	
City <i>Naples</i>	State <i>FL</i>
Zip Code <i>34109</i>	

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 <i>[Signature]</i>	DATE <i>7/6/04</i>

9. Capital Contributions as Shown on record. \$5,211,543.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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**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 #	P96000056261	STREET ADDRESS	
NAME	SW FLORIDA PARTNERS, INC.	CITY-ST-ZIP	<i>500039686125</i>
STREET ADDRESS	6025 CARLTON LAKES BLVD.		<i>07/29/04--01028--007 **526.25</i>
CITY-ST-ZIP	NAPLES, FL 34110		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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: <i>SW Florida Partners by Robert G. Clark</i>	DATE: <i>7/6/04</i> DAYTIME PHONE: <i>239 596 9067</i>