

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # A99000002151
1. Entity Name
NTG LIMITED PARTNERSHIP



Principal Place of Business: 920 10TH STREET SOUTH, NAPLES FL 34102
Mailing Address: 920 10TH STREET SOUTH, NAPLES FL 34102



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

1st MOORE CR2E003 (10/05)
4. FEI Number: 65-0974453
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TURNER, ANGELA J
2740 68TH STREET S.W.
NAPLES FL 34105

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # | TURNER, WILLETTE | STREET ADDRESS | 100000453099 |
| NAME | 920 10TH STREET SOUTH | CITY-ST-ZIP | 03/14/06 00000 010 500.00 |
| STREET ADDRESS | NAPLES FL 34102 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: Willette Turner Date: 2-28-06 Daytime Phone #: 239-262-7479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER