2001 UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
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SIGNATURE:

N.T. REALTY, LLC  Principal Place of Business  Mailing Address  Mailing Ad	DOCUMENT # L0000009943  1. Entity Name						3	FILED				
Maining Address  *** AMABE C. CRESON  *** AMABE C. CRESON  *** SUBSECTION VOICE COURT CLEARWATER FL 33758  *** Courtin Voice Courtin CLEARWATER FL 33758  *** Courtin Voice Courtin Clear Voice Clear Voice Courtin Clear Voice Clear												
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SUBA APL M. CC.  SUBA A	Principal Place of Business Mailing Address						•					
2. Principal Place of Branness 3. Marting Address	300 SPOTTIS WOODE COURT 300 SPOTTIS WOODE COL			OURT			TALLAHASSEE, FLOR	ATE RIDA				
Sulto, Apt. #, etc.    Sulto, Apt. #, etc.   Sulto, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	CLEARWATER	1 FL 33756		G	EARWAIER FL 33736			,				
City & State  City & State  City & State  City & State  Country  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. 50.0 Additional Foot Requirement Foot	2. Principal P	Place of Busin	ess	3. N	Mailing Address					<b> </b>		
Some and Address of Current Registered Agent   Some Address of New Registered Agent   Some Address of New Registered Agent   Some Address of New Registered Agent   Name and National Property   Name and Address of New Registered Agent   Name and National Property   Name and Address of New Registered Agent   Name and National Property   Name and Address of New Registered Agent   Name and Address (P.O. Box Number is Not Acceptable)	Suite, Apt.	#, etc.		s	uite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE /		
Solid Address of Current Registered Agent   Solid Address of Status Desired   Solid Address	City & Stat	e ,		C	ity & State			4. FEI N	Number			
S. Harme and Address of Current Registered Agent  Name  RAYMOND, J. PAUL 625 COURT ST., SUTE 200  CLEARWATER FL 33756  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGN	Zip		Country	Z	ip	Coun	try	5. Certi		\$5.00 Add	litional	
RAYMOND, J. PAUL 825 COURT ST., SUITE 200 CLEARWATER FL 33756  City FL Zip Code  6. 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.  SIGNATURE  SIGNA	,	6. Name	and Address of Current I	Registe	ered Agent			7. Nam			-	
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if specificable (Incomparison Agent agents registered Agent agents registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if specificable (Incomparison Agent agents registered Agent agents registered agent, or both, in the State of Florida.  SIGNATURE  SIGNAT	54245						Name					
CIEARWATER FL 33756  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of ingustroed agent and title if applicable.  OIOTE Registroed Agent signature sequence sequ		-	ITE 200		•		Street Addres	s (P.O. Box N	lumber 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.  SIGNATURE    Signature, opend or printed varies of impatronal agent and little if populations. (HOTE: Registered Agent signature required when renatising).    DATE												
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Signature, hyped or printed name of regratered agent and title if applicable.   Change   FILE NOW!!! FEE IS \$50.00	8. The above	named entit	submits this statement for	the pu	rpose of changing its	registere	d office or regis	tered agent,	or both, in the State of Florida.	1		
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Make Check Payable to Department of State	SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if	applicable. (NOTE	: Registered	d Agent signature requ	ired when reinstati	ing) DATE			
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11. I hereby certify that the information supplied with this filling 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 managing member or manager of the	11. I hereby o	certify that the	e information supplied with	this filir	ng does not qualify for	the exer	nption stated in	Section 119.0	07(3)(i), Florida Statutes. I further cert	tify that the in	formation	

U-15-200 (
AUTHORIZED REPRESENTATIVE Date

(727)533-8800 Daytime Phone #