


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90025 033 ****50.00

| | |
|--------------------------------------|---|
| DOCUMENT # L01000020359 |  |
| 1. Entity Name NT PROPERTIES, LLC | |

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|---|---|
| Principal Place of Business 5100 NORTH OCEAN BLVD. BLDG. #A #1407 FT. LAUDERDALE, FL 33308 | Mailing Address 5100 NORTH OCEAN BLVD. BLDG. #A #1407 FT. LAUDERDALE, FL 33308 |
|---|---|

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

01232006 Chg-LLC CR2E083 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 04-3588225 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| TERZIEV, NICOLA 5100 NORTH OCEAN BLVD. BLDG. #A #1407 FT. LAUDERDALE, FL 33308 | |

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

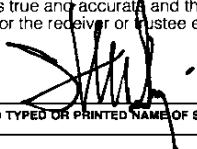
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TERZIEV, NICOLA 5100 NORTH OCEAN BLVD. FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1.27.06 (954) 564-0353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

20004168

