

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90106 041 \*\*\*\*50.00

**DOCUMENT # L02000028085**

1. Entity Name  
 NT-92 WAREHOUSE, LLC



Principal Place of Business  
 11617 INNFIELDS DRIVE  
 ODESSA, FL 33556

Mailing Address  
 11617 INNFIELDS DRIVE  
 ODESSA, FL 33556

40052410

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



04012005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 06-1666710

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLANTON, HENRY H  
 11617 INNFIELDS DRIVE  
 ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name  
 Blanton, Mark E.

Street Address (P.O. Box Number is Not Acceptable)  
 11617 Innfields Drive

City  
 Odessa

FL Zip Code  
 33556

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  Mark E. Blanton DATE 04/12/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

813-920-1031

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANTON, HENRY H 11617 INNFIELD DR. ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Blanton, Mark E. 11617 Innfields Drive Odessa, Florida 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Mark E. Blanton 04/12/05 813-920-1031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #