

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90085 040 ****50.00

DOCUMENT # L02000032883

1. Entity Name
NTB ENTERPRISES, LLC



Principal Place of Business

5450 SOUTH STATE ROAD 7, SUITE 8
FT. LAUDERDALE, FL 33314

Mailing Address

5450 SOUTH STATE ROAD 7, SUITE 8
FT. LAUDERDALE, FL 33314



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0759027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENWALD, BRETT DR.
5450 SOUTH STATE ROAD 7, SUITE 8
FT. LAUDERDALE, FL 33314

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: GREENWALD, BRETT DR.
STREET ADDRESS: 5450 SOUTH STATE ROAD 7, SUITE 8
CITY-ST-ZIP: FT. LAUDERDALE, FL 33314

TITLE
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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: *M. H. Greenwald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #