2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034008

1. Entity Name
N&T ENTERPRISES, LLC

Principal Place of Business	Mailing Address
794 SANDERS ROAD PORT ORANGE, FL 32127	794 SANDERS ROAD PORT ORANGE, FL 32127

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address

Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc. SUITE 1
City & State	City & State

Zip	Country	Zip	Country
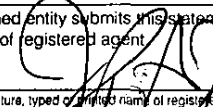
02052007   Chg-LLC   CR2E083 (12/06)

4. FEI Number 26-6891074	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
PAYTAS, JIM W JR. 809 HIGH POINT DR PORT ORANGE, FL 32127	Name Street Address (P.O. Box Number is Not Acceptable) 794 SANDERS RD SUITE 1 City PORT ORANGE FL Zip Code 32127

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.
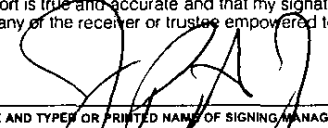
SIGNATURE _____   DATE 2-11-07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES		
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PAYTAS, JAMES W JR		NAME			
STREET ADDRESS	794 SANDERS RD		STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   JAMES PAYTAS JR. 2-11-07   386/756-0437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #