

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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04 JUL 19 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



01052004 Chg-LLC CR2E083 (10/03) 7/19

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|---|---|--|--|
| DOCUMENT # L03000003617 Entity Name NT MANAGEMENT, LLC | | | |
| Principal Place of Business 12983 SOUTHERN BLVD STE. 202 LOXAHATCHEE, FL 33470 | | Mailing Address 12983 SOUTHERN BLVD STE. 202 LOXAHATCHEE, FL 33470 | |
| 2. Principal Place of Business 1157 SOUTH S.R. #7 Suite, Apt. #, etc. | | 3. Mailing Address 1157 SOUTH S.R. #7 Suite, Apt. #, etc. | |
| City & State WELLINGTON, FL | | City & State WELLINGTON, FL | |
| Zip 33414 | | Zip 33414 | |
| Country USA | | Country USA | |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRIPURANENI, KRISHNA 12983 SOUTHERN BLVD STE. 202 LOXAHATCHEE, FL 33470 | | 7. Name and Address of New Registered Agent Name KRISHNA TRIPURANENI Street Address (P.O. Box Number is Not Acceptable) 1157 SOUTH S.R. #7 City WELLINGTON FL Zip Code 33414 | |
| 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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to: Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR KRISHNA TRIPURANENI 1157 SOUTH S.R. #7 WELLINGTON, FL 33414 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date <u>7-12-04</u> Daytime Phone # _____ | |