

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILE
Jan 31, 2006
Secretary

DOCUMENT # L03000003617

1. Entity Name
NT MANAGEMENT, LLC



Principal Place of Business
**1157 SOUTH S.R. #7D STE. 202
WELLINGTON, FL 33414**

Mailing Address
**1157 SOUTH S.R. #7D STE. 202
WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRIPURANENI, KRISHNA
1157 SOUTH S.R. #7D STE. 202
WELLINGTON, FL 33414**

**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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
TRIPURANENI, KRISHNA
1157 SOUTH S.R. #7D STE. 202
WELLINGTON, FL 33414**

TITLE
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CITY- ST- ZIP

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U00000410479
02/03/06-80039-002 50.00

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IN THIS SPACE**

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 603, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

1-25-06