


FILED
May 04, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008821	
1. Entity Name NTB PROPERTIES, L.L.C.	

Principal Place of Business 815 SE 1ST AVE HALLANDALE, FL 33009	Mailing Address 815 SE 1ST AVE HALLANDALE, FL 33009
---	---



05012007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0160672	Applied For Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENWALD, BRETT
815 SE 1ST AVE
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

8. The above named entity, submit 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, if applicable, (if OFF, Registered Agent signature required after recording) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWALD, BRETT 815 SE 1ST AVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000764054
05/30/07-80040-011 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 officer or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE  **4/30/07** **954-818-8499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING HALLANDALE MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CK# 1721