

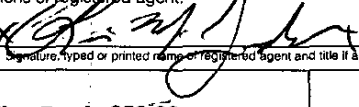
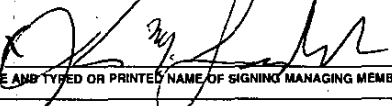


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90205 004 ****50.00

DOCUMENT # L03000014493 1. Entity Name NTR AUCTIONS, LLC					
Principal Place of Business 931 NORTH SR 434, SUITE 1201 ALTAMONTE SPRINGS, FL 32714			Mailing Address 931 NORTH SR 434, SUITE 1201 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 151 Sabal Palm Dr. Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.		24076870 	
City & State Longwood, FL		City & State Longwood, FL		4. FEI Number 61-1448174	
Zip 32779		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEB ONE USA BUSINESS CONSULTANTS, INC. 931 NORTH SR 434, SUITE 1201 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Web One USA Bus. Consultants Street Address (P.O. Box Number is Not Acceptable) Kim McFadden, Pres. 151 Sabal Palm Dr. City Longwood FL Zip Code 32779	
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  (NOTE: Registered Agent signature required when reinstating) x 5/18/04 DATE					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete WEB ONE USA BUSINESS CONSULTANTS, INC. 931 NORTH SR 434, SUITE 1201 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			x 5/18/04 407.869.0060 Date Daytime Phone #		