


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

04-19-2004 90041 049 ****50.00

DOCUMENT # L03000025381 1. Entity Name NT HOLDINGS, LLC																																															
Principal Place of Business 220 ALTERNATE 19 NORTH PALM HARBOR FL 34683			Mailing Address 220 ALTERNATE 19 NORTH PALM HARBOR FL 34683																																												
2. Principal Place of Business		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country																																												
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																											
TENENBAUM, NOEL S 220 ALTERNATE 19 NORTH PALM HARBOR FL 34683				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 33%; padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td colspan="2"></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			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			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		
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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: _____ 4/15/04 722 986-6921 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																															