


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90103 026 ****50.00

EPDVNF0U!\$ L03000055010 2/ Entity Name NMT ENTERPRISES, LLC			
Principal Place of Business 2422 TX!5U !DPA5U DEQ!DPSEMGM44: 25		Mailing Address 2422 TX!5U !DPA5U DEQ!DPSEMGM44: 25	
3/ Principal Place of Business - No P.O. Box # 1311 Sw 4th Ct Suite, Apt. #, etc.		4/ Mailing Address 1311 Sw 4th Ct. Suite, Apt. #, etc.	
City & State Cape Coral FL Zip 33991 Country		City & State Cape Coral, FL Zip 33991 Country	
5/ FEI Number 43-2039987		Applied For <input type="checkbox"/> Not Applicable	
6/ Certificate of Status Desired <input type="checkbox"/> %6/11 Beejipobm G f i S f r v j s e		02052007 Di h. MMD DS3F194!J23017*	
7/ Obn f lboelBeesf t t lpgDvss ouSf hjt u f s e!Bhf ou CURRY, DYLAN 1311 SW 4TH COURT CAPE CORAL, FL 33914		8/ Obn f lboelBeesf t t lpgOf x lSf hjt u f s e!Bhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code 33991	
9/ 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) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURRY, DYLAN 1311 SW 4TH COURT CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGEE, KEVIN 1311 SW 4TH COURT CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Martinez, Humberto 1311 Sw 4th Ct Cape Coral FL 33991
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
22/ 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 608, Florida Statutes.			
T.HOBUSF: 3 D J Jeremy Dylan Curry - President		Date 2-8-07 Daytime Phone # 239-218 4464 941-457-0476	

ATTACHMENT

20004275

#L03080855010

This was my 1st time filing
this form.

I printed a new copy from
the website

Please contact me @
239-218-4464 if the form
is not completed correctly

Thank you

Angela Newman

wife / office MGR