

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

01-24-2005 90102 019 ****50.00

DOCUMENT # L04000051164 1. Entity Name NTS INVESTMENT GROUP, LTD. CO.					
Principal Place of Business 790 HARBOUR DR. 2C NAPLES, FL 34103			Mailing Address 790 HARBOUR DR. 2C NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-3126090	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ASSAAD, MIKE 790 HARBOUR DRIVE 2C NAPLES, FL 34103			7. Name and Address of New Registered Agent 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 DATE _____ Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAM, LLC 790 HARBOUR DRIVE, STE. 2C NAPLES, FL 34103	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATERSIDE INVESTMENT PARTNERS, LLC 8554 FALLGOLD CT. WESTERVILLE, OH 43082	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 11/19/05 239-430-3888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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