2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2006 8:00 am Secretary of State

1. Entity Nam	ne	#L05000041 NTS, LLC			01-10-200	06 90040 C	38 ***	*50.00		
Principal Plac 1936 MEETII ORLANDO, FI	NG PLACE	S	Mailing Address 1936 MEETING PLACE ORLANDO, FL 32814			1.1801891891	4090050	» PSIN SISSI HOSS	INIS ENU SEU	# # # # # # # # # # # # # # # # # # #
2. Principal P	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062006	Chg-LLC	CR2E083	(11/05)	
City & State			City & State			4. FEI Numbe	- 2802	1065	Ap No	plied For t Applicable
Zip	Country		Zip	Zip Country		5. Certificate of Status Desired Status Desired Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
COOKSEY 1936 MEE ORLANDO	TING PLA	NCE	Street Ad		Street Address (P.O. Box Numbe	er is Not Acceptable	e)		
			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 Signature, typed or giftred name or registered spent explicitly applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
Filing Fee is \$50.00 Due by May 1, 2006								e check pay a Departmen		1
9.	T.::=:	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS)	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1936 ME	ESTMENTS, INC. ETING PLACE O, FL 32814	☐ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2521 NO	SON, R. CRAIG RFOLK RD O, FL 32803	☐ Delate		-] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete				-	C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	E ME EET ADORESS (+ST-ZIP			Č] Change	☐ Addition	
indicated	l on this repo	rt is true and accurate and ny or the receiver or trustee	this filing does not qualify fo that my signature shall have empowered to execute this	the sam report a	e legal effect as if r s required by Chap	nade under oath: iter 608, Florida S	; that I am a manag Statutes.	ging member o	or manage	r of the