2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # L05000073456** 03-01-2006 90221 003 ****50.00 1. Entity Name NTS PROPERTIES LLC Principal Place of Business Mailing Address 14001 63RD WAY N. CLEARWATER FL 33760 14001 63RD WAY N. CLEARWATER FL 33760 2. Principal Place of Business 11515 66 H 3. Mailing Address 11515 66 th 37 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For LARGO LARGO, Not Applicable Country 33*1*73 \$5.00 Additional 5. Certificate of Status Desired USA ISA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POITRAS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7065 BAYOU WEST PL PINELLAS PARK FL 33782 City 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 printed name or registered agent and talle d applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE ☐ Change ☐ Addition TITLE ☐ Detete NAME NAME ROIX, SCOTT STREET ADDRESS STREET ADDRESS 8733 SILVERTHORN CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 TITLE ☐ Change ☐ Addition ПΠЕ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CXTY - ST - 22P -CITY ST. 719. ☐ Change TITLE ☐ Delate ΠΠ£ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change ■ Addition TITLE Detete IIILE XAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 rustice empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

OF BIGMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 16, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

NTS PROPERTIES LLC 11515 66TH ST LARGO, FL 33773

Subject: NTS PROPERTIES LLC

Reference Number:

L05000073456

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION