2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008
Secretary of State

DOCUMENT# L05000122441

Entity Name: NTP ENTERPRISES, LLC

Current Principal Place of Business:

8 LOST SPRING WAY
ORMOND BEACH, FL 321741808

New Principal Place of Business:

13889 WELLINGTON TRACE
A-21
WELLINGTON, FL 33414 US

Current Mailing Address:

8 LOST SPRING WAY
ORMOND BEACH, FL 321741808

New Mailing Address:

44 CLIPPER POINT ROAD
MYSTIC, CT 063553650 US

FEI Number: 54-2190791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARKER, THOMAS C III
8 LOST SPRING WAY
ORMOND BEACH, FL 321741808 US

Name and Address of New Registered Agent:

FOGLE, SARAH D
15 RAINTREE LANE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: SARAH D. FOGLE 09/11/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MRS ( ) Delete
Name: PARKER, NANCY E MGRM
Address: 8 LOST SPRING WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY E. PARKER MGRM 09/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date