

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040442

FILED
Feb 17, 2008
Secretary of State

Entity Name: NTMI, LLC

Current Principal Place of Business:

518 LONGMEADOW STREET
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

518 LONGMEADOW STREET
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 32-0178195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHISTOLINI, PAUL U
1000 N. ASHLEY DRIVE, SUITE 500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORD, CHRISTINE L
Address: 518 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: FORD, DAVID A
Address: 518 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: GRAHAM, TIMOTHY J
Address: 518 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: GRAHAM, TRACY E
Address: 518 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: HARPER, SANDY
Address: 518 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

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

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

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

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

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: TRACY GRAHAM

MGRM

02/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date