2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000085522

1. Entity Name
NT PROPERTIES, LLC

Principal Place of Business	Mailing Address
1941 N. DIXIE HWY., #7 POMPANO BEACH, FL 33064	1941 N. DIXIE HWY., #7 POMPANO BEACH, FL 33064

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

01192007   Chg-LLC   CR2E083 (12/06)

4. FEI Number 20-8514427	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLANGELO, ANTHONY, 1941 N. DIXIE HWY., #7 POMPANO BEACH, FL 33064	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE **MGRM** NAME **FORNABAIO, NICK** STREET ADDRESS **1941 N. DIXIE HWY., #7** CITY-ST-ZIP **POMPANO BEACH, FL 33064** ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Anthony Colangelo_   1/20/07   (954) 298-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #