

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085522

Entity Name: NT PROPERTIES, LLC

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

25 N. MYRTLE ST.  
FELLSMERE, FL 32948

**New Principal Place of Business:**

**Current Mailing Address:**

25 N. MYRTLE ST.  
FELLSMERE, FL 32948

**New Mailing Address:**

2240 D N.FEDERAL HWY  
POMPANO BEACH, FL 33062

FEI Number: 20-5514427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLANGELO, ANTHONY  
2240 D. FEDERAL HWY  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

COLANGELO, ANTHONY  
2240 D N. FEDERAL HWY  
POMPANO BEACH, FL 33062 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:

01/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FORNABAIO, NICK  
Address: 1941 N. DIXIE HWY., #7  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM ( ) Delete  
Name: COLANGELO, ANTHONY  
Address: 2240 NO. FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FORNABAIO, NICK  
Address: 2240D N. FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33062

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: ANTHONY COLANGELO

MGRM

01/07/2009

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