

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000097995

1. Entity Name
NTC LTD CO



Principal Place of Business
**300 NORTHSTAR COURT
SANFORD, FL 32771 US**

Mailing Address
**300 NORTHSTAR COURT
SANFORD, FL 32771 US**



03262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5665182

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FREITAG, JOHN E
300 NORTHSTAR COURT
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000904863
05/01/08-80030-009 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FREITAG, JOHN
718 BRIARCREST DR
ORANGE CITY, FL 32763**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MAYR, ALAN
11229 SANDHILL DR
GRASS LAKE, MI 49240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALLIS, CHARLES
2021 HILLCREST ST
FORT WORTH, TX 76107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WILLIAMS, ED
4412 ENCHANTED OAKS DR
ARLINGTON, TX 76016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #