

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90334 045 ****50.00

DOCUMENT # L06000123051					
1. Entity Name NCT-125, LLC					
Principal Place of Business 1408 NORTH WEST SHORE BLVD STE 504 TAMPA, FL 33622-2774			Mailing Address 1408 NORTH WEST SHORE BLVD STE 504 TAMPA, FL 33622-2774		
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	4. FEI Number 04292007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NCF CORPORATION 1408 NORTH WEST SHORE BLVD STE 504 TAMPA, FL 33622-2774			7. Name and Address of New Registered Agent 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NCF CORPORATION 1408 NORTH WEST SHORE BLVD., STE 504 TAMPA, FL 33622-2774 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: _____			Pamela Pugh 4/30/07 404.252.0100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		