## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076234

Entity Name: FLORIDA NTO, LLC

Name:

Address:

City-St-Zip:

ROSE, BARBARA M

ESTERO, FL 33928

21551 BELHAVEN WAY

FILED May 06, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21551 BELHAVEN WAY ESTERO, FL 33928 **Current Mailing Address: New Mailing Address:** 21551 BELHAVEN WAY ESTERO, FL 33928 FEI Number: 26-0579888 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. BARBARA M ROSE 1840 SW 22ND ST. 21551 BELHAVEN 4TH FLOOR US ESTERO, FL 33928 MIAMI, FL 33145 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: BARBARA M ROSE 05/06/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete ROSE, BARBARA M Name: Name: Address: 21551 BELHAVEN WAY Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: ROSE, KIM J Name: Address: 21551 BELHAVEN WAY Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: (X) Delete Title: () Change () Addition ROSE, KIM J Name: Name: 21551 BELHAVEN WAY Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA M ROSE MGR 05/06/2008