2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000057009

Entity Name: NDT PROPERTIES LLC

Current Principal Place of Business:

681 STONEFIELD LOOP
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

681 STONEFIELD LOOP
HEATHROW, FL 32746

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORTED
1203 GOVERNORS SQUARE BLVD STE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DU TREIL, LOUIS E
Address: 681 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DUTREIL, LOUIS E
Address: 681 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: MGR ( ) Change (X) Addition
Name: DUTREIL, CATHERINE B
Address: 681 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32747

Title: MGR ( ) Change (X) Addition
Name: DUTREIL, LAUREN R
Address: 681 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

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: LAUREN DUTREIL MGR 04/29/2009

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