

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90039 009 ****50.00



DOCUMENT # M04000001778
 1. Entity Name
3TP LLC

Principal Place of Business
**33 FLYING POINT ROAD
 SOUTHAMPTON NY 11968**

Mailing Address
**33 FLYING POINT ROAD
 SOUTHAMPTON NY 11968**



2. Principal Place of Business
245 main Street
 Suite, Apt. #, etc.
Suite 620
 City & State
White Plains
 Zip
NY

3. Mailing Address
245 main Street
 Suite, Apt. #, etc.
Suite 620
 City & State
White Plains
 Zip
NY

1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD., SUITE 508
 MIAMI FL 33156**

4. FEI Number
03-0413446

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	JOSLIN, RAYMOND
STREET ADDRESS	33 FLYING POINT ROAD
CITY-ST-ZIP	SOUTHAMPTON NY 11968
TITLE	MGR <input type="checkbox"/> Delete
NAME	JOSLIN, DAVID
STREET ADDRESS	33 FLYING POINT ROAD
CITY-ST-ZIP	SOUTHAMPTON NY 11968
TITLE	MGR <input type="checkbox"/> Delete
NAME	METZGER, JORDAN
STREET ADDRESS	33 FLYING POINT ROAD
CITY-ST-ZIP	SOUTHAMPTON NY 11968
TITLE	MGR <input type="checkbox"/> Delete
NAME	MCGILL, VINCENT
STREET ADDRESS	33 FLYING POINT ROAD
CITY-ST-ZIP	SOUTHAMPTON NY 11968
TITLE	MGR <input type="checkbox"/> Delete
NAME	FRIEDMAN, YAKOV
STREET ADDRESS	33 FLYING POINT ROAD
CITY-ST-ZIP	SOUTHAMPTON NY 11968
TITLE	MGR <input type="checkbox"/> Delete
NAME	MCGILLIVRAY, BURTON
STREET ADDRESS	33 FLYING POINT ROAD
CITY-ST-ZIP	SOUTHAMPTON NY 11968

10. ADDITIONS/CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSLIN, RAYMOND
STREET ADDRESS	245 main Street, Suite 620
CITY-ST-ZIP	White Plains, NY 10601
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSLIN, DAVID
STREET ADDRESS	245 main Street, Suite 620
CITY-ST-ZIP	White Plains, NY 10601
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	metzger, Jordan
STREET ADDRESS	245 main Street, Suite 620
CITY-ST-ZIP	White Plains, NY 10601
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mCGill, Vincent
STREET ADDRESS	245 main Street, Suite 620
CITY-ST-ZIP	White Plains NY 10601
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, YAKOV
STREET ADDRESS	245 main Street, Suite 620
CITY-ST-ZIP	White Plains NY 10601
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mCGillivray, Burton
STREET ADDRESS	245 main Street, Suite 620
CITY-ST-ZIP	White Plains NY 10601

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Samuel Moses 4/29/05 914 313-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #