


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90309 023 \*\*\*\*50.00

<b>DOCUMENT # M04000001778</b> 1. Entity Name <b>3TP LLC</b>	
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Principal Place of Business <b>245 MAIN STREET SUITE 620 WHITE PLAINS NY 10601</b>	Mailing Address <b>245 MAIN STREET SUITE 620 WHITE PLAINS NY 10601</b>
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1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>03-0413446</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
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<b>6. Name and Address of Current Registered Agent</b>  <b>UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI FL 33156</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE	MGR JOSLIN, RAYMOND <input type="checkbox"/> Delete	TITLE Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSLIN, RAYMOND	NAME Andreas Muehler
STREET ADDRESS	245 MAIN STREET, SUITE 620	STREET ADDRESS 245 Main Street, Suite 620
CITY- ST- ZIP	WHITE PLAINS NY 10601	CITY- ST- ZIP White Plains, N.Y. 10601
TITLE	MGR <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSLIN, DAVID	NAME
STREET ADDRESS	245 MAIN STREET, SUITE 620	STREET ADDRESS
CITY- ST- ZIP	WHITE PLAINS NY 10601	CITY- ST- ZIP
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, JORDAN	NAME
STREET ADDRESS	245 MAIN STREET, SUITE 620	STREET ADDRESS
CITY- ST- ZIP	WHITE PLAINS NY 10601	CITY- ST- ZIP
TITLE	MGR <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, VINCENT	NAME
STREET ADDRESS	245 MAIN STREET, SUITE 620	STREET ADDRESS
CITY- ST- ZIP	WHITE PLAINS NY 10601	CITY- ST- ZIP
TITLE	MGR <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOVA, PLACIDO G	NAME
STREET ADDRESS	245 MAIN STREET, SUITE 620	STREET ADDRESS
CITY- ST- ZIP	WHITE PLAINS NY 10601	CITY- ST- ZIP
TITLE	MGR <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILLIVRAY, BURTON	NAME
STREET ADDRESS	245 MAIN STREET, SUITE 620	STREET ADDRESS
CITY- ST- ZIP	WHITE PLAINS NY 10601	CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  02/12/07 914-313-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Listing Phone #