2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004091

1. Entity Name T2TEC INVESTMENTS, LLC

Principal Place of Business

1215 W. NEWPORT CTR DR DEERFIELD BEACH, FL 33442 Mailing Address

1215 W. NEWPORT CTR DR DEERFIELD BEACH, FL 33442

FILED Apr 27, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number | Applied For | 65-1088900 | Not Applicable | 5.00 Additional | 5.00 Additional | 6.00 A

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MARKATIA, MOHAMMED A 1215 W. NEWPORT CTR DR DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent,	or both, in the State of Florida. I am familiar with, an	d accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinsta	ing) DATE	<u>—-</u> :			
Filing Fee is \$50.00 Due by May 1, 2004			//00000133551 04/27/04-80032-019 55.00				
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKATIA, MOHAMMED 1215 W. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442		-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		11	N THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	n) - 1	9 ~	ant.	ah	_ ~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

le Daytime Phone #