

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014185

FILED
Jul 26, 2006
Secretary of State

Entity Name: TT-LOGISTICS L.L.C.

Current Principal Place of Business:

16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16300 NE 19 AVE
STE C
N. MIAMI BEACH, FL 33162

New Mailing Address:

5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328

FEI Number: 02-0630019 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:

FERNANDEZ, GUSTAVO
16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162 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: MGRM () Delete
Name: ZAMPINI, CARLOS G
Address: 16300 NE 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: FERNANDEZ, GUSTAVO P
Address: 16300 BE 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS ZAMPINI

MGRM

07/26/2006

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