

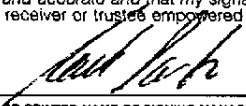


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000007133			
1. Entity Name TTG ENTERPRISES, LLC			
Principal Place of Business 5999 BISCAYNE BLVD. MIAMI, FL 33137	Mailing Address 5999 BISCAYNE BLVD. MIAMI, FL 33137		
DO NOT WRITE IN THIS SPACE			
		05162006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-0817955	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LAW OFFICE OF PASTOR MONTES & NAVEO, P.A. 5999 BISCAYNE BLVD. MIAMI, FL 33137		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 6, 2006		DATE _____	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTOR, JOSE C 5999 BISCAYNE BLVD. MIAMI, FL 33137	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIST-PASTOR, MICHELLE A 5999 BISCAYNE BLVD. MIAMI, FL 33137		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		5/17/06 (305) 758 7774	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	