FILED
May 05, 2008 08:00 AM
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010883

1. Entity Name
TTB, L.L.C.

Principal Place of Business	Mailing Address
240 NORTH COLLIER BLVD., APT. D-4 MARCO ISLAND, FL 34145	240 NORTH COLLIER BLVD., APT. D-4 MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JARETT, BARRY A
240 NORTH COLLIER BLVD., APT. D-4
MARCO ISLAND, FL 34145

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JARRETT, BARRY
STREET ADDRESS	240 NORTH COLLIER BLVD., APT. D-4
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	MGRM
NAME	MANEY, THOMAS J R.
STREET ADDRESS	92 NORTHWOOD BLVD., SUITE B-2
CITY-ST-ZIP	COLUMBUS, OH 43235
TITLE	MGRM
NAME	TRIMBLE, RITA J
STREET ADDRESS	4190 MAYSTAR WAY
CITY-ST-ZIP	HILLIARD, OH 43026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/08-80073-012 138.75

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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 605, Florida Statutes.

SIGNATURE: Rita J Trimble 4-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #