


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90183 028 ****50.00

DOCUMENT # L04000044422			
1. Entity Name TUTU HOLDINGS, LLC			
Principal Place of Business 9905 S.W. 68TH COURT PINECREST FL 33156		Mailing Address 9905 S.W. 68TH COURT PINECREST FL 33156	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

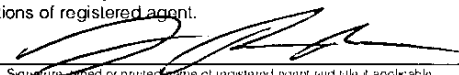


1st MOORE CR2E083 (10/06)

4. FEI Number 20-1255972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent BLAIR, LAURENCE I ESQ. ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name: <i>Lawrence I Blair</i> Street Address (P.O. Box Number is Not Acceptable): <i>Trade Centre South, Suite 100</i> <i>100 West Cypress Creek Road</i> City: <i>Fort Lauderdale, Florida</i> FL Zip Code: <i>33309</i>	
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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: *2-7-07*

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 NAME STREET ADDRESS CITY ST ZIP	MGRM GRANDE, CECILIA 9905 S.W. 68TH COURT PINECREST FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MULLIN, SCOTT R 9905 S.W. 68TH COURT PINECREST FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: *2-7-07* 781-303-0057