


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

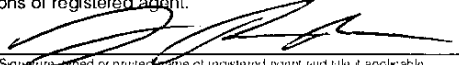
**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # L04000044422</b>					
1. Entity Name <b>TUTU HOLDINGS, LLC</b>					
Principal Place of Business <b>9905 S.W. 68TH COURT PINECREST FL 33156</b>			Mailing Address <b>9905 S.W. 68TH COURT PINECREST FL 33156</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1255972</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent <b>BLAIR, LAURENCE I ESQ. ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD FL 33020</b>				7. Name and Address of New Registered Agent Name <b>Lawrence I Blair</b> Street Address (P.O. Box Number is Not Acceptable) <b>Trade Centre South, Suite 700</b> <b>100 West Cypress Creek Road</b> City <b>Fort Lauderdale, Florida</b> FL Zip Code <b>33309</b>	
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 <b>2-7-07</b>	

**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	<b>MGRM GRANDE, CECILIA 9905 S.W. 68TH COURT PINECREST FL 33156</b>	<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	<b>MGRM MULLIN, SCOTT R 9905 S.W. 68TH COURT PINECREST FL 33156</b>	<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:**  **2-7-07 781-303-0057**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #