2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089705

1. Entity Name
T PLUS T, LLC

Principal Place of Business	Mailing Address
940 SANDFLY LANE VERO BEACH, FL 32963	P.O. BOX 3179 VERO BEACH, FL 32964

07122006No Chg-LLC CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2041625
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TERRY, GERTRUDE C
940 SANDFLY LANE
VERO BEACH, FL 32963

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

Filing Fee is $50.00
Due by September 5, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TERRY, GERTRUDE C
STREET ADDRESS	940 SANDFLY LANE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000571483
07/20/06-80010-007 55.00

DO NOT WRITE IN THIS SPACE

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: Gertrude C Terry 7/12/06 (772)231-5676
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM/A MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #