

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044625

Entity Name: TPT, LLC

FILED
Jul 30, 2008
Secretary of State

Current Principal Place of Business:

720 S. SAPODILLA AVENUE
APT 401
WEST PALM BEACH, FL 33401

Current Mailing Address:

720 S. SAPODILLA AVENUE
APT 401
WEST PALM BEACH, FL 33401

New Principal Place of Business:

651 OKEECHOBEE BLVD.
APT 1101
WEST PALM BEACH, FL 33401

New Mailing Address:

651 OKEECHOBEE BLVD
APT 1101
WEST PALM BEACH, FL 33401

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TURCHAN, THOMAS P
720 S. SAPODILLA AVENUE
APT 401
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

TURCHAN, THOMAS P
651 OKEECHOBEE BLVD
APT 1101
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

07/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TURCHAN, THOMAS P
Address: 720 S. SAPODILLA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TURCHAN, THOMAS P
Address: 651 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS P. TURCHAN JR.

MR

07/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date