

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074403

FILED
Apr 30, 2009
Secretary of State

Entity Name: TTHI, LLC

Current Principal Place of Business:

3349 GULFWATCH CT
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

3349 GULFWATCH CT
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 20-3326651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, TIMOTHY B
3349 GULFWATCH CT
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAYLOR, TIMOTHY B
Address: 3349 GULFWATCH CT
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: TAYLOR, SAVANNAH R
Address: 3349 GULF WATCH CT
City-St-Zip: SARASOTA, FL 34231

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TAYLOR, TIMOTHY A
Address: 3349 GULF WATCH CT
City-St-Zip: SARASOTA, FL 34231

Title: VP () Change (X) Addition
Name: TAYLOR, RYANN R
Address: 3349 GULF WATCH CT.
City-St-Zip: SARASOTA, FL 34231

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: TIMOTHY BRYANT TAYLOR

MGR

04/30/2009

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