
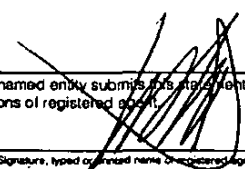
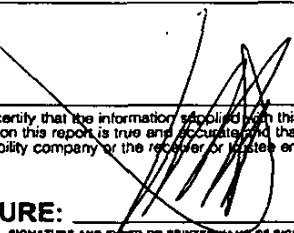


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2008 8:00 am
Secretary of State

05-28-2008 90139 015 ***138.75

DOCUMENT # L05000113940		
1. Entity Name T & T REAL ESTATE HOLDINGS, LLC		
Principal Place of Business 24210 S.W. 122ND AVE. HOMESTEAD, FL 33032	Mailing Address 24210 S.W. 122ND AVE. HOMESTEAD, FL 33032	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIFIORE, CHRISTINE M 14201 W. SUNRISE BLVD., SUITE 201 SUNRISE, FL 33323		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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE: <u>4/28/08</u>
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TORRENTE, WILLIAM 24210 S.W. 122ND AVE. HOMESTEAD, FL 33032	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TORRENTE, SANDRA 24210 S.W. 122ND AVE. HOMESTEAD, FL 33032	
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		
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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>6/21/08</u> Daytime Phone #: <u>305-525-9106</u>

30010044



04242008 No Chg-LLC

CR2E083 (12/07)

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