2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 01, 2007 8:00 am Secretary of State DOCUMENT # L06000071032 03-01-2007 90190 025 ****50.00 1. Entity Name **T&T INTEREST LLC** Principal Place of Business Mailing Address 4478 SPRINGVIEW CT 4478 SPRINGVIEW CT PACE, FL 32571 PACE, FL 32571 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Surte, Apt. #. etc. 02252007 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, JAMES M SR Street Address (P.O. Box Number is Not Acceptable) 4478 SPRINGVIEW CT. PACE, FL 32571 City Zip Code 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 Signature, typed or printed name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete me ☐ Change ☐ Addition TAYLOR, JAMÉS M SR NAME NAME 4478 SPRINGVIEW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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SIGNATURE:

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGES, OR AUTHORIZED REPRESENTATIVE