## FILED May 30, 2007 8:00 am Secretary of State 05-02-2007 90347 004 \*\*\*\*50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L06000084798  1. Entity Name T & T COUSINS LLC  |  |   |   |   |                                       |                                   |                                  |                    |                        |
|--|--|---|---|---|---------------------------------------|-----------------------------------|----------------------------------|--------------------|------------------------|
| Principal Place of Business  608 ROSARO COURT  KISSIMMEE, FL 34758 US  |  | Mailing Address 608 ROSARO COURT KISSIMMEE, FL 34758 US |   |   | 30009135                              |                                   |                                  |                    |                        |
| KISSIMMEE, FL 34758 US KISSIMMEE, FL 34758 U   |  |   |   |   |                                       | <br>P 00:10 0:31 00:11 00:17 00:1 | A 68121 1848 2180 (0818          | 1210 HTM           | <b>e</b> l ni anti     |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                                      |   |   |                                       |                                   |                                  |                    |                        |
| Suite, Apt. #, etc.  |  | Suite, Apt. #. etc.                                     |   | 04262007                                | Chg-LLC                               | CR2E083 (12                       | 2/06)                            |                    |                        |
| City & State   |  | City & State  |   |   | PEI Numb                              | *54902                            | -19                              | <u></u>            | lied For<br>Applicable |
| Zip  | . Country  | Zip   | Coun  | ntry                                    | 5. Certificate                        | of Status Desired                 |                                  | O Addit<br>equired | ional                  |
|  | 6. Name and Address of Current                         | Registered Agent  | 7, Name and Address of New Registered Agent |   |                                       |                                   |                                  |                    |                        |
| SINANAN, HENRY   |  |   |   | Name                                    |                                       |                                   |                                  |                    |                        |
| 608 ROSA   |  |   | Street Address (                            | rss (P.O. Box Number is Not Acceptable) |                                       |                                   |                                  |                    |                        |
|  |  |   |   | City                                    | ·                                     |                                   | FL   2i                          | p 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 lamiliar with, and accept the obligations of registered agent.  |  |   |   |   |                                       |                                   |                                  |                    |                        |
| SIGNATI IRF  |  |   |   |   |                                       |                                   |                                  |                    |                        |
|  | Signature, typied or printed name of registered agent. | INOT  | E: Registere                                | d Agent signsture required              | 1 when remaking)                      | 77.                               | DATE                             |                    |                        |
| Fi<br>D:   | iling Fee is \$50.00<br>ue by May 1, 2007              |   |   |   |                                       |                                   | e check payable<br>Department of |                    |                        |
| 9.   | MANAGING MEMBE   |   | 10.   |   |                                       | ADDITIONS/                        |                                  |                    |                        |
| TITLE<br>NAME  | MGR<br>PERSAD, DUANE                                   | Delete  | TITL  | 1                                       |                                       |                                   | _ c                              | lange              | Addition               |
| STREET ADORESS   | 608 ROSARO COURT                                       |   |   | EET ADDRESS                             |                                       |                                   |                                  |                    | ]                      |
| CITY-ST-ZIP  | 110011111122; 7 2 0 1 0 0                              |   |   | -ST-ZIP                                 |                                       |                                   |                                  |                    | <u> </u>               |
| TITLE<br>NAME  | MGR Delate IIIIL                                       |   |   | -                                       |                                       |                                   | <u> </u>                         | iange              | Addition               |
| STREET ADDRESS   | 608 ROSARO COURT                                       |   |   | EE1 ADORESS                             |                                       |                                   |                                  |                    | - 1                    |
| CITY-ST-ZIP  | KISSIMMEE, FL 34758 CID                                |   |   | -SI-ZIP                                 | · · · · · · · · · · · · · · · · · · · |                                   | ПО                               | nagne              | Addition               |
| NAME   |  | L Describ   | NAM   | ľ                                       |                                       |                                   | ~                                | HEI GE             |                        |
| STREET ADDRESS<br>CITY-ST-ZIP  | İ  |   |   | EET ADDRESS<br>'- ST-ZIF                |                                       |                                   |                                  |                    |                        |
| TITLE  |  | ☐ Delete  | 1/10  | <u> </u>                                |                                       |                                   |                                  | nange              | Addition               |
| NAME<br>STREET ADDRESS   |  |   | NAM<br>STRE                                 | EET ADORESS                             |                                       |                                   |                                  |                    | İ                      |
| CITY-51-ZIP  |  |   |   | -Si-ZIP                                 |                                       |                                   |                                  |                    |                        |
| TITLE<br>NAME  |  | ☐ Delete  | TIFLE                                       | 1                                       |                                       |                                   |                                  | lange              | Addition               |
| STREET AODRESS   |  |   |   | EET ADDRESS                             |                                       |                                   |                                  |                    |                        |
| CITY-ST-ZIP  |  |   |   | 7-ST-ZIP                                |                                       |                                   |                                  |                    |                        |
| NAME   |  | Delete  | IIIL  |   |                                       |                                   |                                  | ange               | Addition               |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | EET ADDRESS<br>ST- ZIP                  |                                       |                                   | ·                                |                    |                        |
| 11. Thereby 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 of rustee empowered to execute this report as required by Chapter 608, Florida Statutes.   |  |   |   |   |                                       |                                   |                                  |                    |                        |
|  |  |   |   | K.1 C.141A                              | A.A. A.A.                             | ul, Non                           | MWJ 7                            | 617                | 122                    |
| SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAND OF SIGNING MANDROM MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE DRIP DAYLORS PROPERTY OF THE P |  |   |   |   |                                       |                                   |                                  |                    |                        |

## ATTACHMENT

30009135 #L06000084498

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Keep this part for your records.

CP 575 B (Rev. 1-2006)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

1912001337

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-12-2006 EMPLOYER IDENTIFICATION NUMBER: 20-5490219 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9 11742-9003 landlanddaafaladaddalladdaadbaadbaaadlalad

T & T COUSINS LLC HENRY SINANAN MBR 608 ROSARO COURT KISSIMMEE FL 34758