2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-02-2007 90436 014 ****50.00

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1. Entity Name
TTB,LLC

Principal Place of Business	Mailing Address
4700 BISCAYNE BLVD. SUITE 680 MIAMI, FL 33137 US	4700 BISCAYNE BLVD. SUITE 680 MIAMI, FL 33137 US

2. Principal Place of Business - No P.O. Box	3. Mailing Address
4770 Biscayne Blvd	4770 Biscayne Blvd
Suite, Apt. #, etc.: Suite 680	Suite, Apt. #, etc.: Suite 680
City & State: Miami Fl	City & State: Miami Fl
Zip: 33137 Country	Zip: 33137 Country

03222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5800305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BILLANTE, THOMAS
4700 BISCAYNE BLVD.
SUITE 680
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 title 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLANTE, THOMAS SR. 4700 BISCAYNE BLVD MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 03/23/07 305 576 1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #