2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

NAME SIRET ADDRESS CITY-ST-2IP MGR YELVINGTON, GARY SIRET ADDRESS CITY-ST-2IP MGR YELVINGTON, GARY SIRET ADDRESS CITY-ST-2IP MGR YELVINGTON, GARY SIRET ADDRESS CITY-ST-2IP Delete NAME SIRET ADDRESS CITY-ST-2IP Delete Delete NAME SIRET ADDRESS CITY-ST-2IP Delete SIRET ADDRESS CITY-ST-2IP DELET ADDRESS CITY-S	1. Entity Nam		.070000854 TTO, LLC	410)	04-09-2008	3 90122	045 ***1	43.75
Suite, Apt. #, etc.	2326 BELLEVUE AVENUE			2326 BELLEVUE AVENUE						II((2)88 4)) 84 4 88	
City & State City & State City & State Country Countr	2. Principal P	Place of Business -	No P.O. Box #	3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042008	Chg-LLC	CR2E0	83 (12/06)		
Country	City & State		City & State				045		•		
Name	Zip	Zip Country		Zip	p Country		ì			\$5.00 Add	ditional
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE 21114		6. Name and A	Address of Current F	Registered Agent			7. Name and	Address of New Ro	gistered /	Agent	
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 typed or provide name of registered agent. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 P. MANAGING MEMBERS / MANAGERS 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES PLIVINGTON, CONRAD MARE YELVINGTON, CONRAD STRET ADDRESS CITY-S1-2P DAYTONA BEACH, FL 32114 INLE MGR	PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE					(P.O. Box Number	r is Not Acceptable)			
THE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of Hapiciable. (NOTE: Registered Agent Egrantur-required when remaking) DATE						City			FL	Zip Cod	e
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES IIILE MGR	the obligat مراتخ	tions of registered a	igent.			_	_	n, in the State of Flo		familiar with,	and accept
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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	9. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS	MGR YELVINGTON, 2326 BELLEVU DAYTONA BEA MGR YELVINGTON, 2326 BELLEVU	WIII be \$538.75 MANAGING MEMBER CONRAD JE AVENUE ACH, FL 32114 GARY JE AVENUE	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAMM STRE CITY	E EET ADDRESS -SI-ZIP E E E EIT ADDRESS -SI-ZIP E E E E E EIT ADDRESS -SI-ZIP E E E E E E E E E E E E E E E E E E E		Florida	Departm	Change Change Change	Addition Addition

11. I hereby certify that the information supplied with this filing does not quality 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING JEMBER, MANAGER, OR AUTHORIZED REPRESENT

40708

386-251-5504