



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90235 048 \*\*\*138.75

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # L07000118766</b><br>1. Entity Name<br><b>TTB HOLDINGS, LLC</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>1915 HILLBROOKE TRAIL<br/>STE 2<br/>TALLAHASSEE, FL 32311 US</b>   |   |   | Mailing Address<br><b>1915 HILLBROOKE TRAIL<br/>STE 2<br/>TALLAHASSEE, FL 32311 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |   |  |  |
| 04022008    Chg-LLC    CR2E083 (12/06)   |   |   |   | 4. FEI Number<br><b>26-1477527</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>THIELEN, TIMOTHY A<br/>1915 HILLBROOKE TRAIL<br/>STE 2<br/>TALLAHASSEE, FL 32311</b>  |   |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |   |   | <b>Make check payable to<br/>Florida Department of State</b>                       |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR</b><br><b>THIELEN, TIMOTHY A</b><br><b>1915 HILLBROOKE TRAIL STE 2</b><br><b>TALLAHASSEE, FL 32311</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR</b><br><b>THIELEN, JAMES F</b><br><b>1915 HILLBROOKE TRAIL STE 1</b><br><b>TALLAHASSEE, FL 32311</b>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR</b><br><b>BRADLEY, SUE B</b><br><b>1915 HILLBROOKE TRAIL STE 2</b><br><b>TALLAHASSEE, FL 32311</b>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |   |  |  |
| <b>SIGNATURE</b> <i>Sue B. Bradley</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>  |   |   | <b>4/2/08 (850) 425-1031</b><br><small>Date      Daytime Phone #</small>  |  |  |