


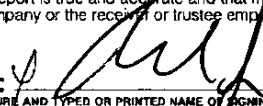
From: GRUBER & HEITNER CPA

212 736 4341

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90099 002 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000126147 1. Entity Name TT ACQUISITIONS LLC					
Principal Place of Business 7900 HIGHWAY 7, SUITE 350 MINNEAPOLIS, MN 55426			Mailing Address 11 BLACK ROCK ROAD MUTTONTOWN, NY 11545		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07092008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">26-1655870</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OROVITZ, ROBERT 7765 SW 87TH STREET, SUITE 101 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILANA, THOMAS JR 11 BLACK ROCK ROAD MUTTONTOWN, NY 11545	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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.					
SIGNATURE:  <div style="float: right; text-align: right;"> <div style="font-size: 1.2em; font-family: cursive;">x 7/10/08</div> <div style="font-size: 0.8em;">Date</div> <div style="font-size: 0.8em;">Daytime Phone #</div> </div>					

60044843

