

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081961

Entity Name: TTW-1, LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11621 KEW GARDENS AVENUE  
101  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

11621 KEW GARDENS AVENUE  
101  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THEOFILOS, KATHRYN K  
11621 KEW GARDENS AVENUE  
101  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THEOFILOS, CHARLES S MD  
Address: 2443 CASA DE MARBELLA  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM  
Name: WILLIAMS, JOHN MD  
Address: 2307 FOREST PARK BLVD  
City-St-Zip: FORT WAYNE,, IN 46805

Title: MGRM  
Name: TEPPER, GIL MD  
Address: 517 HILLCREST  
City-St-Zip: BEVERLY HILLS, CA 91403

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES S THEOFILOS

MGR

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date