2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000001115

1. Entity Name

TTWD LIMITED LIABILITY COMPANY



Principal Place of Business

Mailing Address

PO BOX 306

WESTON, MA 02493

PO BOX 306 WESTON, MA 02493

FILED Apr 24, 2008 08:00 AN Secretary of State



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
65-0800588		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

LYNCH, FRANCIS X 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401

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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 printed name of registered agent and title if applicable

(NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR KEEGAN, TRACY ANN 30 ADAMS LANE WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR COKE, WENDY MARLOWE 41ASBURY STREET TOPSFIELD, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR SHOOLMAN, DIANA MAY 341 BEACON STREET, UNIT 6B BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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

CITY-ST-ZIP

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

781-373-1680