

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000000150

1. Entity Name
T & T ASSOCIATES, L.C.



Principal Place of Business
**3300 N. 29TH AVENUE, STE 101
HOLLYWOOD, FL 33020**

Mailing Address
**3300 N. 29TH AVENUE, STE 101
HOLLYWOOD, FL 33020**



03232006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0902280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVID, BENNETT L
3300 N. 29TH AVE, STE 101
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVID, BENNETT L III
3300 N 29TH AVENUE, SUITE 101
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TESHER, LAWRENCE K
1495 SW 14TH STREET
BOCA RATON, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVID, JODY
3300 N 29TH AVENUE, SUITE 101
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TESHER, ROBERT C
4701 SW 45TH STREET
FT LAUDERDALE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOWARD, ROBIN T
7020 S LEE WAY
LITTLETON, CO 80127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000490221
04/18/06-80048-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/29/06

954-925-7100