

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90356 035 ****50.00

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



04272007 No Chg-LLC

CR2E083 (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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

4/27/07

954-925-7100