2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000000150

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

FILED Jan 30, 2008 08:00 AM Secretary of State

Principal Place of Business

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

Mailing Address

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



01042008 No Chg-LLC

CR2E083 (12/07)

. FEI Number	
, rei number	
05 0000000	
65-0902280	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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 char	nging 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

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

U00000804370 02/05/08-80066-008 138.75

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

SIGNATURE:

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

1/24/08

154-925-7100

Deytime Phor