

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006995

1. Entity Name
TTK, L.L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:05

Principal Place of Business
150 STANIFORD STREET, SUITE 223
BOSTON MA 02199

Mailing Address
150 STANIFORD STREET, SUITE 223
BOSTON MA 02114-2526



2. Principal Place of Business
150 Staniford Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 223

Suite, Apt. #, etc.

City & State
Boston, Ma.

City & State

Zip
02114

Zip Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, MICHAEL A
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME THOMPSON, CHARLES E
STREET ADDRESS 150 STANIFORD STREET, SUITE 223
CITY-ST-ZIP BOSTON MA 02199 ☐ Delete

TITLE *Member*
NAME Thompson, Charles M.
STREET ADDRESS 150 Staniford St, Suite 223
CITY-ST-ZIP BOSTON, Ma. 02114 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 300003131373--4
-02/10/00--01085--007
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 MANAGER

1-28-2000

Date

617-367-9525

Daytime Phone #

CR2E083 (9/99)