

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90981 014 ****50.00

DOCUMENT # L99000006995

1. Entity Name

TTK, L.L.C.

Principal Place of Business

150 STANIFORD STREET, SUITE 223
~~BOSTON MA 02199~~

02114

Mailing Address

150 STANIFORD STREET, SUITE 223
~~BOSTON MA 02199~~

02114

935675

2. Principal Place of Business

150 Staniford St.

Suite, Apt. #, etc.

Suite 223

3. Mailing Address

150 Staniford St

Suite, Apt. #, etc.

Suite 223

City & State

Boston, Ma.

City & State

Boston, Ma.

Zip

02114

Country

USA

Zip

02114

Country

USA

4. FEI Number

04-3487929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Boston, Ma. 02114

☐ Change ☐ Addition

TITLE
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☐ 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:

Charles M. Thompson Manager

3/20/02

617-367-9525

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

Date

Daytime Phone #

CR2E083 (9/01)

0043977