# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 25, 2005**
**Secretary of State**

DOCUMENT# L99000006995

**Entity Name:** TTK, L.L.C.

**Current Principal Place of Business:**

POST OFFICE BOX 52135
BOSTON, MA 02205

**New Principal Place of Business:**

519 HARRISON AVENUE
SUITE 512
BOSTON, MA 02118

**Current Mailing Address:**

POST OFFICE BOX 52135
BOSTON, MA 02205

**New Mailing Address:**

519 HARRISON AVENUE
SUITE 512
BOSTON, MA 02118

**FEI Number: 04-3487929** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete
Name: THOMPSON, CHARLES M
Address: POST OFFICE BOX 52135
City-St-Zip: BOSTON, MA 02205

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: THOMPSON, CHARLES M
Address: 519 HARRISON AVENUE, SUITE 512
City-St-Zip: BOSTON, MA 02118

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 THOMPSON MGRM 04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date