


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90039 009 ****50.00

DOCUMENT # M04000001778	
1. Entity Name 3TP LLC	

Principal Place of Business 33 FLYING POINT ROAD SOUTHAMPTON NY 11968	Mailing Address 33 FLYING POINT ROAD SOUTHAMPTON NY 11968
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2. Principal Place of Business 245 main Street Suite, Apt. #, etc. Suite 620 City & State White Plains Zip NY	3. Mailing Address 245 main Street Suite, Apt. #, etc. Suite 620 City & State White Plains Zip NY
Country 10601	Country 10601

1st MOORE CR2E083 (10/04)

4. FEI Number 03-0413446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI FL 33156	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSLIN, RAYMOND 33 FLYING POINT ROAD SOUTHAMPTON NY 11968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGR JOSLIN, RAYMOND 245 main Street, Suite 620 White Plains, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSLIN, DAVID 33 FLYING POINT ROAD SOUTHAMPTON NY 11968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGR JOSLIN, DAVID 245 main Street, Suite 620 White Plains, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZGER, JORDAN 33 FLYING POINT ROAD SOUTHAMPTON NY 11968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGR metzger, Jordan 245 main Street, Suite 620 White Plains, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGILL, VINCENT 33 FLYING POINT ROAD SOUTHAMPTON NY 11968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGR mCGILL, Vincent 245 main Street, Suite 620 White Plains, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, YAKOV 33 FLYING POINT ROAD SOUTHAMPTON NY 11968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGR FRIEDMAN, YAKOV 245 main Street, Suite 620 White Plains NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGILLIVRAY, BURTON 33 FLYING POINT ROAD SOUTHAMPTON NY 11968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGR mCGILLIVRAY, Burton 245 main Street, Suite 620 White Plains NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Louise Moses **4/29/05** **914 313-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #