2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000004847

1. Entity Name
TWEETER OPCO, LLC



07-15-2008 90006 007 ***538.75

Jul 15, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

40 PEQUOT WAY CANTON, MA 02021

Mailing Address

40 PEQUOT WAY CANTON, MA 02021

1000001



07082008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number 26-0520385		Applied For Not Applicable	
5.	Certificate of Status Desired		0 Additional Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) OA	NTE			
	E NOW!!! FEE IS \$538.75 by September 12, 2008					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TWEETER NEWCO,LLC 3000 WESTCHESTER AVENUE PURCHASE, NY 10577					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRI	TE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPAC	E			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby	I certify that the information supplied with this filing does not on this report is true and accurate and that my signature s	t quality for the exemptions contained in Chapter 119, Florida Statutes, I further shall have the same legal effect as if made under cath, that I am a managing	r 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 AUTHORIZED REPRESENTATIVE

Date Daytime Phone #