


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M98000000898</b> 1. Entity Name TUTOR CAYMAN HOLDINGS LDC, LIMITED COMPANY	
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Principal Place of Business 15901 OLDEN STREET SYLMAR, CA 91342	Mailing Address 15901 OLDEN STREET SYLMAR, CA 91342
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01152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 98-0190463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HAYES, WARREN D SR. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480
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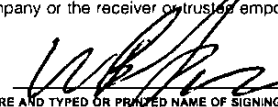
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISTRA INVESTMENTS, LTD 15901 OLDEN STREET SYLMAR, CA 91342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUTOR, RONALD N 25085 ASHLEY RIDGE RD HIDDEN HILLS, CA 91702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000594771 01/23/07-80011-025 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	William-B. Sparks, V.P., Kristra Investments, Ltd. 1/16/07 818-362-8391 <small>Date Daytime Phone #</small>