

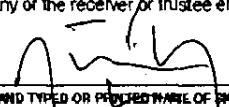


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90026 001 \*\*\*\*55.00

<b>DOCUMENT # L02000017240</b>					
1. Entity Name <b>TMW, LLC</b>					
Principal Place of Business 3500 NW 77TH COURT MIAMI, FL 33122		Mailing Address 3500 NW 77TH COURT MIAMI, FL 33122			
2. Principal Place of Business <b>8000 NW 31 STREET</b>		3. Mailing Address <b>8000 NW 31 STREET</b>			
Suite, Apt. #, etc. <b>SUITE # 1</b>		Suite, Apt. #, etc. <b>SUITE # 1</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI</b>			
Zip <b>33122</b>	Country <b>DADE</b>	Zip <b>33122</b>	Country <b>DADE</b>	4. FEI Number <b>03-0473384</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>CANACHE, CAROLINA 4665 NW 99TH AVE APT # 203 MIAMI, FL 33179</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LOPEZ, TULIO J</b>	NAME			
STREET ADDRESS	<b>4665 NW 99TH AVE, APTO #203</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	CITY-ST-ZIP			
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DOMINGUEZ, ALI R</b>	NAME			
STREET ADDRESS	<b>5810 NW 114 PLACE, #105</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 606, Florida Statutes.					
<b>SIGNATURE:</b> 		<b>TULIO J. LOPEZ</b>		Date <b>05/01/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Calling Phone # <b>305-994-7656 305-597-0512</b>	

CR2E083 (1/01/02)