2001	LINI	FORM BUS	INESS REP(RT (UR	1		
DOCU 1. Entity Nam	MENT		0002482	MI (OD)	FILED		
TWS INV	ESTMENTS	, LTD.			01 APR 30 PM 6: 25		
Principal Place of Business C/O STILES CORPORATION 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309-2114 Mailing Address C/O STILES CORPORATION 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309-2114				VENUE	SECRETARY OF STATE TAULAHASSEE, FLORIDA		
2. Principal Place of Business 300 SE 2nd Street Suite, Apt. #, etc.			3. Mailing Address 300 SE 2nd Street Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Ft. Lauderdale, FL			City & State Ft. Lauderdale, FL		4. FEI Number 65-0872678	Applied For Not Applicable	
Zip 33301	L	Country	Zip 33301	Country		5 Additional equired	
6. Name and Address of Current Registered Agent STILES, TERRY W C/O STILES CORPORATION 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309-2114				City	Patricia Jones Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation 300 SE 2nd Street City Ft. Lauderdale, FL Zip Code 33301		
9. Capital Contributions as Shown on record. 10. Amount of Capital Characteristics of Capital Charact				al Contributions	e required when reinstating) DATE 11. MAKE CHECK PAYABLE TO DE SEE REVERSE SIDE FOR FEE		
A GENERAL PARTNER THAT IS A BUSINESS ELITITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. ADDRESS CHANGES ONLY							
12. GENERAL PARTNER INFORMATION DOCUMENT / P98000089367 TWS INVESTMENTS, INC. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309-2114				STREET ADDRESS CITY-ST-ZIP	300 SE 2nd Street		
DOCUMENT # NAME	FI. LAUDE	HUALE PL 33309-2114		STREET ADDRESS	Ft. Lauderdale, FL 33301		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	7/		
DOCUMENT # NAME STREET ADDRESS			r	STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP DOCUMENT #		A - 14 + -		STREET ADDRESS	-> \ 		
NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	70000422055	174	
DOCUMENT # NAME				STREET ADORESS	7000422055 -05/16/010109 ****141.25 **	9024 **141.25	
STREET ADDRESS CITY-ST-ZIP			p	CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIO				CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENEI AL PARTNER

954/627-9300

Daytime Phone #