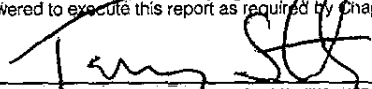


FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002482				Secretary of State	
1. Entity Name TWS INVESTMENTS, LTD.					
Principal Place of Business 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301		Mailing Address 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0872678	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, PATRICIA C/O STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301				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 _____					
9. Capital Contributions as Shown on record. \$3,025,402.00		10. Amount of Capital Contributions in FLORIDA to date. 3,025,402.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # P98000089367 NAME TWS INVESTMENTS, INC. STREET ADDRESS 300 S.E. 2ND STREET CITY-ST-ZIP FT. LAUDERDALE, FL 33301				STREET ADDRESS	
				CITY-ST-ZIP	
				STREET ADDRESS	
				CITY-ST-ZIP	
				STREET ADDRESS	
DOCUMENT #				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
DOCUMENT #				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
DOCUMENT #				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
DOCUMENT #				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)(f), 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 620, Florida Statutes					
SIGNATURE: 				4/5/05 954-621-9333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	