2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200004502

1. Entity Name

SIGNATURE

TWO WHEEL ASSOCIATES, LLC



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90233 045 ***150.00

				W TEN						
Principal Place of Business Mailing Address										
7301-A WEST BA BOCA BATON RI	NEMETTO PARK RD., STE. 305-C 33433	7301-A WEST PALMETTO PARK RD., STE. 305-C BOCA PATON, FL 33433			3 (1 .4)1 45 11 5 11 4 (1.5	BILL 68 141 B 9 111 68 142 B	Ban tibb: Bina B	4)18 1181 1 88 1		
2. Principal Pla	and of Rusiness	3. Mailing Address		<u> </u>						
	· Palmetto Park Rd		to Bok B	2d	1 (188)	1 11 0 11 00 11 0 (1 0 11 0	BIN BURK BURK BURK B	DANK BINNER DANK B		
Suite, Apt. #		Suite, Apt. #, etc.		<u>-4-!</u>	1	CHECK	HERE IF MAKING	CHANGES		
301	-	301				CHECK	HERE IF MAKING	3 CHANGES	1	
City & State		City & State			4. FEI Num	ber	- > -	A	pplied For]
Boca	Raton, Florida	Boca Raton	, Florido	<u> </u>	02-	<u> 0573</u>	284 <u> </u>	N	ot Applicable	
Zip 334.	32 Country	Zip 33432	Country		5. Certifica	te of Status De	sired	\$5.00 Ad Fee Require		
	6. Name and Address of Current		·~		7. Name ar	nd Address of	New Registered	Agent		
. III = 0			Name	е						
7301-	S, LOIS B A WEST PALMETTO PARK RD.,	STE. 305-C	Stree	t Address (Address (P.O. Box Number is Not Acceptable)					
BOCA	A RATON FL 33433									
			City				FL			
	named entity submits this statement for ons of registe red ago nt.	or the purpose of changing its	registered office	e or register	red agent, or b	oth, in the Stat	e of Florida. I am	familiar with,	and accept	
SIGNATURE	igleture, bused or printed name of registered agent	and title if applicable (NOT	E: Registered Agent sig	aneture requirer	Luchan rainetation		DATE			
	signature, and or primited righter or registered agent				when tellistating,		DATE			ł
		Make Check Payab	OW!!! FEE IS le to Florida C e By May 1, 2	Departme	nt of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDI	TIONS/CHANGES	3		_
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11. I hereby ce indicated o	rtify that the information supplied with in this report is true and accurate and ility company or the receiver or truster	this filing does not qualify for that my signature shall have	the exemption a	stated in Se effect as if n	ection 119.07(3 nade under oa	3)(i), Florida Sta th; that I am a	atutes. I further cer managing member	rtify that the i er or manage	nformation er of the	
limited liabi	ility company or the receiver or truster	e empowered the ecute this	report as require	d by Chapt	ter 608, Florida	a Statutes.	- •	•		ĺ