2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						5-90042-013-\$50			
DOCUMENT #- L.04000019231 1. Entry Name						SE DIVIS	CRETAR	LEU IY OF S COPPOI	TATE RATIONS
TRANSWORLD ASSET MANAGEMENT LLC							AUG 25		
Principal Place of Business Mailing Address			•		1	• • • • • • • • • • • • • • • • • • • •	HOU 20	HITIL	۰. ۲۶
5801 FOUNTAIN DRIVE SOUTH 5801 FOUNT LAKE WORTH FL 33467 LAKE WORT		5801 FOUNTAIN DRIV LAKE WORTH FL 334	UNTAIN DRIVE SOUTH						
LAKE WORTH PE 33407			0/		1				
Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E083	· , ,		
City & State		City & State			19a	16775°	18		oplied For ot Applicable
Zip	Country	Zip	Count	ny .	5. Certific	ate of Status Desired		55.00 Add Tee Require	
·	6. Name and Address of Current F	Name	7. Name a	nd Address of New I	Registered A	gent			
INTERMEDIARY CONSULTANTS GROUP, INC.				Street Address (P.O. Box Number is Not Acceptable)					
5801 FOUNTAIN DRIVE SOUTH LAKE WORTH FL 33467				Onest Acres (L.O. Day Latition is Lad Acceptable)					
			}	City			FL	Zip Cod	e .
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									
Signature, typed or profest none of registered agent and talls a applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State									
				nca Departmer y 1, 2005	nt of State				
9.	MANAGING MEMBE		10.	<u> </u>		ADDITIONS	/CHANGES		
THILE	MGRM Delete IIIL							Change	Addition
NAME SIRCET ADDRESS	CECCHINI, WALTER R JR. NAM 5801 FOUNTAIN DRIVE SOUTH SIRE			T ADDRESS					
CUIY-SI-ZEP				SI-ZIP					
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NAME			NAME	l l				-	
STREET ADDRESS CITY-ST-ZIP			STREE CITY-	T ADDRESS ST-71P					ļ
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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 608, Florida Statutes.									
SIGNATURE: Walter (Cescl) 7/19/2005 304-3058									
SIGNATURE: /// / 2005 // 1975 OR PSINTED NAME OF SIGNANG SPIRES MANAGER OR AUTHORIZED DESCRIPTIONS									