


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

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90287 014 \*\*\*\*50.00

DOCUMENT # <b>L04000070017</b>	
1. Entity Name <b>T.W.T. ENTERPRISES LLC</b>	

**DO NOT WRITE IN THIS SPACE**

**40040307**

2. Principal Place of Business <b>7578 RED CRANE LANE</b> Suite, Apt. #, etc.	3. Mailing Address <b>7578 RED CRANE LANE</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>JACKSONVILLE, FL.</b>	City & State <b>JACKSONVILLE, FL.</b>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>32256</b>	Country <b>U.S.A.</b>	Zip <b>32256</b>	Country <b>U.S.A.</b>
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	<b>JOSEPH L. HARZEWSKI III</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>7578 RED CRANE LANE</b>	
City	<b>JACKSONVILLE FL</b>
Zip Code	<b>32256</b>

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	Signature, typed or printed name of registered agent and title if applicable.	DATE
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		

9. MANAGING MEMBERS/MANAGERS			
TITLE	<b>MGR M</b>	TITLE	
NAME	<b>JOSEPH L. HARZEWSKI III</b>	NAME	
STREET ADDRESS	<b>7578 RED CRANE LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32256</b>	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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: **JOSEPH L. HARZEWSKI III** *Joseph L. Harzewski III* 3-23-05 904-519-5102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)