

2nd and **File on or before Sept. 29, 1999 or Limited Liability Company**
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED *LR 7/30*
 99 JUL 29 AM 10:24
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000001115
 TTWD LIMITED LIABILITY COMPANY
 4401 N.E. 27TH AVENUE
 LIGHTHOUSE POINT FL 33064

1a. Principal Place of Business Address
 4401 N.E. 27TH AVENUE
 LIGHTHOUSE POINT FL 33064

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified
10/08/1997

3a. State of Formation
FL

4. FEI Number
65-0800588 Applied For Not Applicable

5. Date of Last Report
05/01/1998

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
LYNCH, FRANCIS X
340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

8. Name and Address of New Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	SHOOLMAN, THEODORE J	4401 N.E. 27TH AVENUE	LIGHTHOUSE POINT FL
MBR	KEEGAN, TRACY ANN	30 ADAMS LANE	WAYLAND MA
MBR	COKE, WENDY MARLOWE	41ASBURY STREET	TOPSFIELD MA
MBR	SHOOLMAN, DIANA MAY	341 BEACON STREET, UNIT 6B	BOSTON MA

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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #