

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

DOCUMENT # **L97000001115**

00 APR -3 AM 9:02

1. Entity Name
TTWD LIMITED LIABILITY COMPANY

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business
**4401 N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 33064**

Mailing Address
**4401 N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 02114-1409**

Handwritten: 4118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0800588

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYNCH, FRANCIS X
340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MBR SHOOLMAN, THEODORE J	4401 N.E. 27TH AVENUE	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>						
	MBR KEEGAN, TRACY ANN	30 ADAMS LANE	WAYLAND MA 01778	<input type="checkbox"/>						
	MBR COKE, WENDY MARLOWE	41ASBURY STREET	TOPSFIELD MA	<input type="checkbox"/>						
	MBR SHOOLMAN, DIANA MAY	341 BEACON STREET, UNIT 6B	BOSTON MA 02116	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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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: *THEODORE SHOOLMAN* **THEODORE SHOOLMAN** 3/30/00 954 942 5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone#

CR2E083 (9/99)