

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007651 AF

DOCUMENT # **L97000001115**

1. Entity Name

TTWD LIMITED LIABILITY COMPANY

Principal Place of Business

4401 N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 33064

Mailing Address

4401 N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

2301 NE 45th Street

Suite, Apt. #, etc.

3. Mailing Address

2301 NE 45th Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

4. FEI Number

65-0800588

Applied For

Not Applicable

Zip
33064

Country

Zip
33064

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS Delete

10. ADDITIONS/CHANGES Change Addition

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP
**MBR SHOOLMAN, THEODORE J
4401 N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 33064**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
**100004191971--2
-05/09/01--01135--016
*****50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP
**MBR KEEGAN, TRACY ANN
30 ADAMS LANE
WAYLAND MA 01778**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP
**MBR COKE, WENDY MARLOWE
41ASBURY STREET
TOPSFIELD MA**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP
**MBR SHOOLMAN, DIANA MAY
341 BEACON STREET, UNIT 6B
BOSTON MA 02116**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: **TO SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)