

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90080 001 ****50.00

DOCUMENT # L97000001115

1. Entity Name

TTWD LIMITED LIABILITY COMPANY

Principal Place of Business

**2301 NE 45TH ST.
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**2301 NE 45TH ST.
 LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0800588

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

Lynch, Francis X.J.

Street Address (P.O. Box Number is Not Acceptable)

625 North Flagler Drive, 9th Floor

City

West Palm Beach

FL

Zip Code

33401

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
Due By May 1, 2002

4/26/02

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/2002 (954) 943-0230

Date Daytime Phone #

CR2E083 (9/01)