
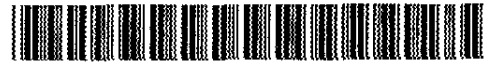


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000001115</b> 1. Entity Name TTWD LIMITED LIABILITY COMPANY	
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Principal Place of Business 2301 NE 45TH ST. LIGHTHOUSE POINT, FL 33064	Mailing Address 2301 NE 45TH ST. LIGHTHOUSE POINT, FL 33064
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04122004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0800588	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

LYNCH, FRANCIS X  
 625 NORTH FLAGLER DRIVE , 9TH FLOOR  
 WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

11070110124517  
 04/22/04-30139-024 50.00

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

**DO NOT WRITE 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:** Theodore Shoelman 4/19/04 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Beyond Phone #