


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90559 030 ****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



05242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0800588		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYNCH, FRANCIS X 625 NORTH FLAGLER DRIVE , 9TH FLOOR WEST PALM BEACH, FL 33401		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. 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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MBR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHOOLMAN, THEODORE J			NAME			
STREET ADDRESS	4401 N.E. 27TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064			CITY-ST-ZIP			
TITLE	MBR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEEGAN, TRACY ANN			NAME			
STREET ADDRESS	30 ADAMS LANE			STREET ADDRESS			
CITY-ST-ZIP	WAYLAND, MA 01778			CITY-ST-ZIP			
TITLE	MBR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COKE, WENDY MARLOWE			NAME			
STREET ADDRESS	41ASBURY STREET			STREET ADDRESS			
CITY-ST-ZIP	TOPSFIELD, MA			CITY-ST-ZIP			
TITLE	MBR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHOOLMAN, DIANA MAY			NAME			
STREET ADDRESS	341 BEACON STREET, UNIT 6B			STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02116			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Wendy Coke *Wendy Coke* 6-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #