


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90143 016 \*\*\*\*50.00

<b>DOCUMENT # L97000001115</b>			
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 <i>PO BOX 306</i>		3. Mailing Address <i>P.O. BOX 306</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Weston, MA</i>		City & State <i>Weston, MA</i>	
Zip <i>02493</i>		Zip <i>02493</i>	
Country		Country <i>USA</i>	
6. Name and Address of Current Registered Agent  LYNCH, FRANCIS X 625 NORTH FLAGLER DRIVE , 9TH FLOOR WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
4. FEI Number <b>65-0800588</b> Applied For Not Applicable			
07192006 Chg-LLC CR2E083 (11/05)			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SHOOLMAN, THEODORE J <input checked="" type="checkbox"/> Delete 4401 N.E. 27TH AVENUE LIGHTHOUSE POINT, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR KEEGAN, TRACY ANN <input type="checkbox"/> Delete 30 ADAMS LANE WAYLAND, MA 01778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR COKE, WENDY MARLOWE <input type="checkbox"/> Delete 41ASBURY STREET TOPSFIELD, MA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SHOOLMAN, DIANA MAY <input type="checkbox"/> Delete 341 BEACON STREET, UNIT 6B BOSTON, MA 02116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <i>Wendy Coke</i>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			