

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

0037857

**DOCUMENT # L99000005292**

1. Entity Name  
**TCW III, L.L.C.**



04-21-2003 90117 002 \*\*\*\*50.00

Principal Place of Business  
**C/O EDWARD K. CHEFFY, ESQ.  
821 5TH AVE SOUTH, #201  
NAPLES FL 34102**

Mailing Address  
**C/O EDWARD K. CHEFFY, ESQ.  
821 5TH AVE SOUTH, #201  
NAPLES FL 34102**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address **C/O PATRICIA PISTNER**  
**10 SEAGATE DR**  
Suite, Apt. #, etc. **PH-1N**

City & State  
**NAPLES, FL**

Zip  
**34103-2469**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3614003**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PISTER, PATRICIA J  
C/O EDWARD K. CHEFFY, ESQ.  
821 5TH AVE SOUTH, #201  
NAPLES FL 34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PISTNER, PATRICIA J 821 FIFTH AVE. SOUTH, #201 NAPLES FL 34102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PISTNER, STEPHEN L 821 FIFTH AVENUE SOUTH, #201 NAPLES FL 34102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**Stephen L. Pistner, Managing Member**

Date **4-14-03** Daytime Phone #

CR2E083 (10/02)