

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006598

1. Entity Name  
T.I.D. LLC



FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ANNASLEY HOUSE, RECTORY RD.  
N. FAMBIDGE  
CHELMSFORD, ESSEX, UK

Mailing Address  
1591 E. ATLANTIC BLVD., STE. 200  
POMPANO BEACH, FL 33060



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
360 South Shore Drive  
Suite, Apt. #, etc.

3. Mailing Address  
12250 Willow Grove Rd.  
Suite, Apt. #, etc.  
Bldg. # 2

City & State  
Sarasota, FL  
Zip  
34234  
Country  
USA

City & State  
Camden, DE  
Zip  
19934  
Country  
USA

4. FEI Number Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK  
360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEES \$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	<input type="checkbox"/> Delete
MGR	RAYNER, MARK RONALD	39 PUSHRINSKAYA, APT. 6	KIEV, UKRAINE,	<input type="checkbox"/>
MGR	DICKSON, ANDREW RODNEY	12 LESYA VERAZINKA ST. APT. 37	KIEV, UKRAINE,	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Mark Rayner*

4/28/2003

302 695 0118

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

Date

Daytime Phone #

CP2E088 (10/02)