

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. FAMBRIIDGE
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

City & State
Camden, DE

4. FEI Number Applied For
 Not Applicable

Zip Country
34234 USA

Zip Country
19934 USA

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYNER, MARK RONALD 39 PUSHRINSKAYA, APT. 6 KIEV, UKRAINE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKSON, ANDREW RODNEY 12 LESYA VERAZINKA ST. APT. 37 KIEV, UKRAINE, <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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5100118316065 05/07/03--01002--012 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *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)