

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90230 042 \*\*\*\*55.00

**DOCUMENT # M97000000086**

1. Entity Name

**TIME TRAVELER INTERNATIONAL, L.L.C.**



Principal Place of Business

Mailing Address

1970 N.E. 153RD STREET, BAY 29  
N. MIAMI BEACH FL 33162

1970 N.E. 153RD STREET, BAY 29  
N. MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

15405 West Dixie Hwy  
Suite, Apt. #, etc.

15405 West Dixie Hwy  
Suite, Apt. #, etc.

City & State

City & State

North Miami Beach, FL

North Miami Beach, FL

Zip

Country

Zip

Country

33162

USA

USA

4. FEI Number 06-1408850

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSIUS, LOUISE  
1970 N.E. 153RD STREET  
BAY 29  
N. MIAMI BEACH FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

15405 West Dixie Hwy

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME CASSIUS, JACK  
STREET ADDRESS 1970 N.E. 153RD STREET, BAY 29  
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE  
NAME  
STREET ADDRESS 15405 West Dixie Hwy  
CITY-ST-ZIP

TITLE MGRM  
NAME CASSIUS, LOUISE  
STREET ADDRESS 1970 N.E. 153RD STREET, BAY 29  
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE  
NAME  
STREET ADDRESS 15405 W. Dixie Hwy  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
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:

*Louise Cassius*  
SIGNATURE REQUIRED

1/3/03 808-944  
2226

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

Date

Daytime Phone #

CR2E083 (10/02)