

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90034 014 \*\*\*\*50.00

DOCUMENT # L05000021296



1. Entity Name  
 TWIN OAKS OF PENNSYLVANIA, LLC

Principal Place of Business: 2634 SOPHIA COURT, GREEN COVE SPRINGS, FL 32043  
 Mailing Address: 2634 SOPHIA COURT, GREEN COVE SPRINGS, FL 32043



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

01052006 Chg-LLC CR2E083 (11/05)  
 4. FEI Number: 203103846 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE STE 4  
 WESTON, FL 33331

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

*Handwritten in 10. ADDITIONS/CHANGES:*  
 MG R.M.  
 Mike Williamson  
 2634 Sophia Ct.  
 Green Cove Springs, FL 32043

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.

SIGNATURE: M. J. Williamson M.T. Williamson 4/17/06 904 608 3576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #