2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # L05000029277 1. Entity Name 04-23-2007 90363 004 ****50.00 TWOMEY MAGFHLOINN, LLC Principal Place of Business Mailing Address 2491 NE OCEAN BOULEVARD #202 STUART FL 34996 2491 NE OCEAN BOULEVARD #202 STUART FL 34996 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2578041 Not Applicable Zip Country Zıp Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRARO, FRANK A 3601 SE OCEAN BOULEVARD, STE 005 STUART FL 34996 City 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. the obligations of registere Signature, typed or printed in applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES HILL THEF MGRM Delete ☐ Change Addition NAME MCGLYNN, EILEEN T STREET ADDRESS STREET ADDRESS 2491 NE OCEAN BLVD., #202 CITY ST-ZIP STUART FL 34996 CITY ST ZIP IIILE ☐ Delete Change ■ Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY ST-7IP CHY ST 7IP Delete 1000 HILLE Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY SL-7P COY ST ZIP Delete Change HIII ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST 7IP ☐ Change THUE ☐ Delete THRE Addition NAME NAMI STREET ADDRESS STRUET ADDRESS CITY ST-7IP CHY ST ZIP THE ☐ Delete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 received or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

FILED