

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90078 013 \*\*\*\*50.00



**DOCUMENT # L95000000958**

1. Entity Name

TWIN LAKES RACQUET CLUB, L.C.

Principal Place of Business

SUITE 1100 ONE BISCAYNE PLAZA  
 100 S BISCAYNE BLVD  
 MIAMI FL 33131

Mailing Address

SUITE 1100 ONE BISCAYNE PLAZA  
 100 S BISCAYNE BLVD  
 MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0626044

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

HOLLO, TIBOR  
 SUITE 1100 ONE BISCAYNE PLAZA  
 100 S BISCAYNE BLVD  
 MIAMI FL 33131

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!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MEM  Delete  
 NAME HOLLO, TIBOR  
 STREET ADDRESS SUITE 1100 ONE BISCAYNE PLAZA  
 CITY-ST-ZIP MIAMI FL 33131

TITLE MEM  Delete  
 NAME HOLLO, WAYNE  
 STREET ADDRESS SUITE 1100 ONE BISCAYNE PLAZA  
 CITY-ST-ZIP MIAMI FL 33131

TITLE MEM  Delete  
 NAME HOLLO, JEROME  
 STREET ADDRESS SUITE 1100 ONE BISCAYNE PLAZA  
 CITY-ST-ZIP MIAMI FL 33131

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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:

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

Date

Daytime Phone #