

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000254

1. Entity Name
TWINWISE PROPERTIES, LTD., L.L.P.



FILED

08 FEB -8 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3420 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

Mailing Address
3420 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
PO Box 547125
Suite, Apt. #, etc.

City & State
Orlando FL

Zip
32854-7125

Country
USA



01172008 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3508558

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	171908	STREET ADDRESS	50116111466
NAME	WISE BROTHERS, INC.	CITY-ST-ZIP	01/25/08--01037--014 **508.75
STREET ADDRESS	3420 NORTH ORANGE BLOSSOM TRAIL		
CITY-ST-ZIP	ORLANDO, FL 32804		
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **2-4-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE