


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 12:26

POSTED

DOCUMENT # A02000001032	
1. Entity Name TWINS PLAZA PROPERTIES, LTD.	

Principal Place of Business SIX FAIRFIELD BOULEVARD, SUITE 1 PONTE VEDRA BEACH, FL 32082	Mailing Address P.O. BOX 1999 PONTE VEDRA BEACH, FL 32004
--	---

2. Principal Place of Business - No P.O. Box # 320 N. 1st St	3. Mailing Address PO Box 50910
Suite, Apt. #, etc. Suite 706	Suite, Apt. #, etc.
City & State Jacksonville Bch, FL	City & State Jacksonville Bch, FL
Zip 32250	Country USA
Zip 32240	Country USA



03122008 Chg-LP CR2E003 (12/06)

4. FEI Number 51-0418488	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent KENNEY, THERESA M ESQ FORD, BOWLUS, DUSS, MORGAN, KENNEY, ET AL 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257	
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


300128118393
 05/01/08--01034--021 **500.00

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 #	NAME	STREET ADDRESS	
NAME	BAKKAR, WADIE K	STREET ADDRESS	320 N. 1st St Suite 706
STREET ADDRESS	3628 SILVERY LANE	CITY-ST-ZIP	Jacksonville Bch, FL 32250
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP	Jacksonville Bch, FL 32250
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BAKKAR, MUNA	STREET ADDRESS	320 N. 1st St Suite 706
STREET ADDRESS	3628 SILVERY LANE	CITY-ST-ZIP	Jacksonville Bch, FL 32250
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP	Jacksonville Bch, FL 32250
DOCUMENT #	NAME	STREET ADDRESS	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-21-08

904-270-1970

Date

Daytime Phone #