

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 21 AM 11:19

DOCUMENT # A98000001527

1. Entity Name
 TWIN CITY PROPERTIES, LTD.



Principal Place of Business 4502 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578	Mailing Address 4502 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578
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[Handwritten Signature]



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01192005 Chg-LP CR2E003 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-3529200	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNDON, D. TIMOTHY
 4502 HIGHWAY 20 EAST
 SUITE A
 NICEVILLE, FL 32578

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.

9. Capital Contributions as Shown on record. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P99000021733	STREET ADDRESS	
NAME	TWIN CITY MANAGEMENT CORPORATION INC.	CITY-ST-ZIP	
STREET ADDRESS	4502 HIGHWAY 20 EAST		
CITY-ST-ZIP	NICEVILLE, FL 32578		
DOCUMENT #		STREET ADDRESS	Huckelsmaystrasse 312
NAME	JAHR, ALFRED	CITY-ST-ZIP	47804 Krefeld, Germany
STREET ADDRESS	1214 OAKMONT DRIVE		
CITY-ST-ZIP	NICEVILLE, FL 32578		
DOCUMENT #		STREET ADDRESS	
NAME	GLASER, WINFIED	CITY-ST-ZIP	
STREET ADDRESS	BONNER STR. 50 53424		
CITY-ST-ZIP	REMAGEN/ROLANDSECK GERMANY,		
DOCUMENT #		STREET ADDRESS	800047497298
NAME		CITY-ST-ZIP	03/01/05--01039--011 **263.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE: *[Handwritten Signature]* **D.T. MOTLEY HERNDON** *4/7/05* *850.897.4333*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE