


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # B06000000368			
1. Entity Name TWIGLAND FASHIONS, LTD.			
Principal Place of Business 12460 NETWORK BLVD., #106 SAN ANTONIO TX 78249		Mailing Address 12460 NETWORK BLVD., #106 SAN ANTONIO TX 78249	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 31 AM 9:47



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	M06000005665	STREET ADDRESS	
NAME	TWIGLAND MANAGEMENT, LLC	CITY, ST, ZIP	700087502377
STREET ADDRESS	12460 NETWORK BLVD., #106		02/06/07--01046--017 **\$50.00
CITY, ST, ZIP	SAN ANTONIO TX 78249		
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
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			
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 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

Date

Daytime Phone #

STAPLE CHECK HERE