


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90345 035 ****50.00

DOCUMENT # L00000013941					
1. Entity Name TWIN PROPERTIES, LLC					
Principal Place of Business 8533 EAGLE PRESERVE WAY SARASOTA, FL 34241			Mailing Address 8533 EAGLE PRESERVE WAY SARASOTA, FL 34241		
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		Country		Country	
6. Name and Address of Current Registered Agent PREWETT, DANIEL L 5777 BENEVA RD. SOUTH SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name: <u>NULTY, CLAUDIA</u> Street Address (P.O. Box Number is Not Acceptable): <u>8533 EAGLE PRESERVE WAY</u> City: <u>SARASOTA</u> FL <u>34241</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NULTY, CLAUDIA 8533 EAGLE PRESERVE WAY SARASOTA, FL 34241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NULTY, LESLIE 8533 EAGLE PRESERVE WAY SARASOTA, FL 34241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NULTY, AMY 8533 EAGLE PRESERVE WAY SARASOTA, FL 34241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NULTY, AMY 8533 EAGLE PRESERVE WAY SARASOTA, FL 34241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NULTY, AMY 8533 EAGLE PRESERVE WAY SARASOTA, FL 34241	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NULTY, AMY 8533 EAGLE PRESERVE WAY SARASOTA, FL 34241	<input type="checkbox"/> Delete			
11. 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 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 _____ <i>Claudia Nulty</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: <u>4-9-07</u> Daytime Phone #: <u>941-929-9116</u>					