2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L00000013941

Entity Name: TWIN PROPERTIES, LLC

Current Principal Place of Business:

8533 EAGLE PRESERVE WAY
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

8533 EAGLE PRESERVE WAY
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-1054090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULTY, CLAUDIA
8533 EGALE PRESERVE WAY
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

NULTY, CLAUDIA
8533 EAGLE PRESERVE WAY
SARASOTA, FL 34241 US

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.

SIGNATURE: CLAUDIA NULTY 03/31/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NULTY, CLAUDIA
Address: 8533 EAGLE PRESERVE WAY
City-St-Zip: SARASOTA, FL 34241

Title: MGR ( ) Delete
Name: NULTY, LESLIE
Address: 8533 EAGLE PRESERVE WAY
City-St-Zip: SARASOTA, FL 34241

Title: MGR ( ) Delete
Name: NULTY, AMY
Address: 8533 EAGLE PRESERVE WAY
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDIA NULTY PRES 03/31/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date