


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000016316**

1. Entity Name  
BIMINI TWIST PLAZA LLC



Principal Place of Business  
8480 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33411

Mailing Address  
13700 BLUE FOX PLACE  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1063257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TAUBE, DEBORAH  
13700 BLUE FOX PLACE  
PALM BEACH GARDNES, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAUBE, JAMES K II 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAUBE, DEBORAH 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418
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01/28/05-80052-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Deborah Taube **DEBORAH TAUBE** 1-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #