


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L01000000009</b>		
1. Entity Name <b>BIMINI TWIST LLC</b>		
Principal Place of Business <b>8480 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33411</b>		Mailing Address <b>13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DEBORAH TAUBE 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TAUBE, DEBORAH L 8480 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33411</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TAUBE, JAMES K II 8480 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33411</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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)(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 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: <u><i>Deborah Taube</i></u> <b>DEBORAH TAUBE</b> <u>1-24-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #		



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>65-1063525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

UD00000201024  
01/28/05-80052-004 50.00

**DO NOT WRITE  
IN THIS SPACE**