


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000009 1. Entity Name BIMINI TWIST 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



01192007 No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent DEBORAH TAUBE 13700 BLUE FOX PLACE PALM BEACH GARDENS, 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	U00000620946 02/03/07-80057-019 50.00
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	TAUBE, DEBORAH L
STREET ADDRESS	8480 OKEECHOBEE BLVD.
CITY- ST- ZIP	WEST PALM BEACH, FL 33411
TITLE	MGR
NAME	TAUBE, JAMES K II
STREET ADDRESS	8480 OKEECHOBEE BLVD.
CITY- ST- ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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:  2-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #