2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-05-2004 90494 038 ****50.00

DOCUMENT # L01000003462

1. Entity Name
TWILIGHT DREAMS, LLC

Principal Place of Business	Mailing Address
1171 CR 309 CRESCENT CITY, FL 32112	1171 CR 309 CRESCENT CITY, FL 32112

DO NOT WRITE IN THIS SPACE

03172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3753340
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HINDMAN, JOYCE D
1171 CR 309
CRESCENT CITY, FL 32112

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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 Joyce Diane Hindman Joyce Diane Hindman 3-18-04
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, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	~~MGRM~~ MEM co-owner-member
NAME	VISE, MICHAEL J
STREET ADDRESS	220 ARNOLD LANE
CITY-ST-ZIP	WINTER SPRINGS, FL
TITLE	MEM Vice-president
NAME	VISE, LANA M
STREET ADDRESS	220 ARNOLD LANE
CITY-ST-ZIP	WINTER SPRINGS, FL
TITLE	MEM president
NAME	THROGMORTEN, WILLIE M
STREET ADDRESS	23800 CLARK RD
CITY-ST-ZIP	BELLEVIEW, MI
TITLE	~~MEM~~ MG ME sectary, treasurer
NAME	HINDMAN, JOYCE D
STREET ADDRESS	23800 CLARK RD
CITY-ST-ZIP	BELLEVIEW, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Joyce Diane Hindman 3-18-04 386-467-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #