2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000008946

1. Entity Name
THE CLUB AT TWINEAGLES LLC

Principal Place of Business	Mailing Address
9990 COCONUT RD 200 BONITA SPRINGS, FL 34135	9990 COCONUT RD 200 BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

01112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3726817
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RESOURCE CONSERVATION PROPERTIES, INC.
9990 COCONUT RD STE 200
BONITA SPRINGS, FL 34135

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000475932
04/05/06-80035-021 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RESOURCE CONSERVATION PROPERTIES INC
STREET ADDRESS	9990 COCONUT RD STE 200
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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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 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: _____ 1/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #