


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90021 013 ****50.00

DOCUMENT # L01000010051 1. Entity Name THE TWIN PALMS RESORT, LLC	
--	---

Principal Place of Business 502 HARMON AVENUE PANAMA CITY, FL 32401	Mailing Address P.O. BOX 1276 ORANGE BEACH, AL 36561
---	--

DO NOT WRITE IN THIS SPACE

03022005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
62-1860722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401

**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.

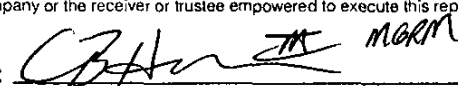
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARBOUR, C.B. III 4513 HIXSON PIKE, SUITE 108 CHATTANOOGA, TN 37343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARBOUR, C.B. IV 4513 HIXSON PIKE, SUITE 108 CHATTANOOGA, TN 37343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:  MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 4/14/05 Day/Time Phone # _____