

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90144 020 ****50.00

DOCUMENT # L01000010949



1. Entity Name
TWIN CACTUS AT BRANDON TOWN CENTER, LLC

Principal Place of Business
**507 BRANDON TOWN CENTER
BRANDON, FL 33511**

Mailing Address
**507 BRANDON TOWN CENTER
BRANDON, FL 33511**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3728250

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SABAS, BOBBY
3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SABAS, SHAWNA**
STREET ADDRESS **5503 WINHAWK WAY**
CITY - ST - ZIP **LUTZ, FL 33558**

TITLE **MGRM** ☐ Delete
NAME **ROYAL, DONOVAN**
STREET ADDRESS **100 COLUMBIANA CIRCLE**
CITY - ST - ZIP **COLUMBIA, SC 29212**

TITLE **MGR** ☐ Delete
NAME **SABAS, BOBBY**
STREET ADDRESS **5503 WINHAWK WAY**
CITY - ST - ZIP **LUTZ, FL 33558**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/15/04 (813) 781-9589