

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000013556

1. Entity Name
TWIN RIVERS TITLE, LLC



Principal Place of Business
**1900 S. HICKORY ST.
SUITE B
MELBOURNE, FL 32901 US**

Mailing Address
**1900 S. HICKORY ST.
SUITE B
MELBOURNE, FL 32901 US**



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1159179

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FALLACE, JAMES H
1900 S. HICKORY ST.
SUITE A
MELBOURNE, FL 32901**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VALLIERE, ALICE C
STREET ADDRESS	1900 S HICKORY ST STE B
CITY- ST- ZIP	MELBOURNE, FL 32901
TITLE	MGRM
NAME	FALLACE, JAMES H
STREET ADDRESS	1900 S. HICKORY ST STE B
CITY- ST- ZIP	MELBOURNE, FL 32901
TITLE	MGRM
NAME	LARKIN, DAVID G
STREET ADDRESS	1900 S. HICKORY ST., STE B
CITY- ST- ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000393318
01/25/06-80017-002 50.00

**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:

Alice S. Valliere mgrm

1/14/2006

321.768.7750

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