

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90083 033 ****50.00

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1. Entity Name
 TWIN STATES LAND HOLDINGS, L.L.C.



Principal Place of Business
 10293 60TH STREET SOUTH
 BOYNTON BEACH, FL 33437

Mailing Address
~~C/O BLAKESBERG CO~~ **C/O BLAKESBERG**
 951 SW 4TH AVENUE
 BOCA RATON, FL 33432

20003101



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

4. FEI Number
 65-1145598

Applied For
 Not Applicable

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

01192005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

BLAKESBERG, JON D
 951 SW 4TH AVENUE
 BOCA RATON, FL 33486

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** Delete
 NAME **KAUFMAN, GREGORY**
 STREET ADDRESS **15049 TALL OAK AVE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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: _____ Date **1/21/05** Daytime Phone # _____

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