

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009246

Entity Name: TWISTED TRUNKS, LLC

FILED  
Apr 30, 2004  
Secretary of State

**Current Principal Place of Business:**

2133 N.E 9TH AVE  
WILTON MANORS, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 24424  
FORT LAUDERDALE, FL 33307

**New Mailing Address:**

FEI Number: 75-3043944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENE, HARLEY  
2920 N.W. 11TH TERRACE  
WILTON MANORS, FL 33311

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GREENE, HARLEY D  
Address: 2920 NW 11TH TES  
City-St-Zip: WILTON MANORD, FL 33311

Title: MGR ( ) Delete  
Name: FORMAN, HOWARD  
Address: 2100 S.OCEAN LANE APT.1509  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HARLEY D GREENE

MGR

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date