## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L02000011099**

TWIN BARON, LLC



Principal Place of Business

Mailing Address

4100 RECKER HIGHWAY WINTER HAVEN, FL 33880 4100 RECKER HIGHWAY WINTER HAVEN, FL 33880

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

04-19-2005 90017 016 \*\*\*\*55.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01272005 No Chg-LLC

CR2E083 (10/03)

43-1960178

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional 1

Fee Required

FRASIER, DONALD W 4100 RECKER HIGHWAY WINTER HAVEN, FL 33880

## 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: Hegistered	Agent signature required when reinstating)	DATE
Fi D:	lling Fee Is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			•
NAME	WEEDER, CHARLES			
STREET ADDRESS	3318 EAGLES TRACE			
CITY-ST-ZIP	WINTER HAVEN, FL 33880			•
IUTE	MGR			
NAME	FRASIER CONTRACTING, INC			
STREET ADDRESS	4100 RECKER HIGHWAY		•	
CITY-ST-ZIP	WINTER HAVEN, FL 33880			
TITLE				
NAME				
STREET ADDRESS			DO NO	T WDITE
CITY-ST-ZIP		:		T WRITE
TITLE			IN THIS	SSPACE
NAME			114 11117	STACE
STREET ADDRESS			,	
CITY-ST-ZIP				
TITLE				
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.

NAME STREET ADDRESS CITY-ST-ZIP

4-8-05

863.967.5177

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

Daytime Phone •