2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011099

1. Entity Name
TWIN BARON, LLC



FILED
Mar 19, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

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



DO NOT WRITE IN THIS SPACE

03122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
43-1960178

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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: Registered Agent signature required when reinstating) | DATE |
| F | iling Fee is \$50.00 ue by May 1, 2007 | | • |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGRM | | |
| NAME | WEEDER, CHARLES | | |
| STREET ADDRESS | 3318 EAGLES TRACE | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 | | |
| TITLE | MGR | | |
| NAME | FRASIER CONTRACTING, INC | | |
| STREET ADDRESS | 4100 RECKER HIGHWAY | | U00000673276 |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 | | 03/29/07-80022-023 55.00 |
| TITLE | | · · · · · · · · · · · · · · · · · · · | To the second that the second |
| NAME | | | |
| STREET ADDRESS | | DO | NOT WOITE |
| CITY-ST-ZIP | | l DO | NOT WRITE |
| TITLE | | IN IN | THIS SPACE |
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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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Donald W Fu

3/14/07

863-967-5177

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

Date

Daytime Phone #