2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011099

1. Entity Name
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 14, 2008 08:00 Al Secretary of State



01172008 No Chg-LLC

CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

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 little if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEEDER, CHARLES 3318 EAGLES TRACE WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASIER CONTRACTING, INC 4100 RECKER HIGHWAY WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS C(TY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-7IP		

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DO NOT WRITE IN THIS SPACE

11. I nereby certify that the information supplied with this filling 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:

Dandow

s &____

4-7-01

26.2.962-5127

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

Date

Daytime Phone i