

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000014995

**FILED**  
**Sep 09, 2004**  
**Secretary of State**

**Entity Name:** TWONE LLC

**Current Principal Place of Business:**

473 BAY POINT ROAD  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 28481  
PANAMA CITY, FL 32411

**New Mailing Address:**

**FEI Number:** 06-1691910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEEBRICK, BRIAN D  
220 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

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

WEAVER, THOMAS J  
PO BOX 28481  
PANAMA CITY, FL 32411 US

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: THOMAS J. WEAVER

09/09/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WEAVER, THOMAS J MR.  
Address: 473 BAY POINT RD  
City-St-Zip: PANAMA CITY BEACH, FL 32408

**ADDITIONS/CHANGES:**

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: THOMAS J. WEAVER

MR.

09/09/2004

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