

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000031508 -**

1. Entity Name  
**TWINCITY MORTGAGES, LLC**



Principal Place of Business

**2314 SW 44TH STREET  
CAPE CORAL, FL 33914**

Mailing Address

**2314 SW 44TH STREET  
CAPE CORAL, FL 33914**



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**45-6903560**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FLORIDA INCORPORATORS, INC  
8875 HIDDEN RIVER PKWY STE. 300  
TAMPA, FL 33637**

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RILEY, JEFFERY A  
2314 SW 44TH STREET  
CAPE CORAL, FL 33914**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RILEY, TERRY  
2314 SW 44TH STREET  
CAPE CORAL, FL 33914**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VOID**  
01/24/05 09:17:04 115.00

**VOID**  
02/17/05-80064-012 55.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Signature and typed or printed name of signing managing member, or authorized representative*

Date

Daytime Phone #

**1-17-05**