

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034065

FILED  
May 11, 2005  
Secretary of State

**Entity Name:** TWIN LAKES TOWNHOMES, L.L.C.

**Current Principal Place of Business:**

1221 AIRPORT ROAD, SUITE 207  
DESTIN, FL 32541

**New Principal Place of Business:**

988 AIRPORT ROAD  
DESTIN, FL 32541

**Current Mailing Address:**

1221 AIRPORT ROAD, SUITE 207  
DESTIN, FL 32541

**New Mailing Address:**

PO BOX 5497  
DESTIN, FL 32540

FEI Number: 41-2071734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GRIMSLEY, JAMES W  
25 WALTER MARTIN ROAD, NE  
FORT WALTON BEACH, FL 32548      US

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

BONEZZI, ROBERT A  
988 AIRPORT ROAD  
DESTIN, FL 32541      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: ROBERT A BONEZZI

05/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: BONEZZI, ROBERT A  
Address: 1221 AIRPORT ROAD, SUITE 207  
City-St-Zip: DESTIN, FL 32541

**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: ROBERT A BONEZZI

MGRM

05/11/2005

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