LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034065

1. Entity Name

TWIN LAKES TOWNHOMES, L.L.C.

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90550 021 ****50.00

30053755

2. Principal Place of Business
1221 AIRPORT RD
Suite, Apt. #, etc.
SUITE 207
City & State
DESTIN FL
Zip 32541 | Country OKALOOSA

3. Mailing Address
P.O. BOX 5497
Suite, Apt. #, etc.
City & State
DESTIN FL
Zip 32540 | Country OKALOOSA

4. FEI Number 41-2071734 | Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name JAMES W GRIMSLEY

Street Address (P.O. Box Number is Not Acceptable)
25 WALTER MARTIN RD NE

City FT WALTON BEACH | FL | Zip Code 32548

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.   DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9.   MANAGING MEMBERS / MANAGERS

TITLE MANAGER	TITLE
NAME ROBERT A BONEZZI	NAME
STREET ADDRESS 1221 AIRPORT RD STE 207	STREET ADDRESS
CITY-ST-ZIP DESTIN FL 32541	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP

CR2E083B (12/02)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2.28.03   850.650.4725
Date   Daytime Phone #