2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State
04-22-2004 90352 029 ****50.00

DOCUMENT # L02000035113

1. Entity Name
TWIN CITY OPERATIONS, L.L.C.

Principal Place of Business	Mailing Address
4504 HIGHWAY 20 EAST SUITE B NICEVILLE, FL 32578 US	4504 HIGHWAY 20 EAST SUITE B NICEVILLE, FL 32578 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

34UU3UU6

01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR 20 073 7715 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUHN, LUTZ 4504 HIGHWAY 20 EAST SUITE B NICEVILLE, FL 32578	Name: Nees, Birgit Street Address (P.O. Box Number is Not Acceptable): 4504 Highway 20 East, Suite B City: Niceville, F FL Zip Code: 32578

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NILES, MANFRED 4504 HIGHWAY 20 EAST, SUITE B NICEVILLE, FL 32578	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KUHN, LUTZ 4504 HIGHWAY 20 EAST, SUITE B NICEVILLE, FL 32578	☒ Delete	MGRM Nees, Birgit 4504 Highway 20 East, Suite B Niceville, Fl 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 4/19/04 850-8970277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #