


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90001 029 ****50.00

DOCUMENT # L02000035113	
1. Entity Name Twin City Operations, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4504 Highway 20 East Suite, Apt. #, etc. Suite B		3. Mailing Address Suite, Apt. #, etc.	
City & State Niceville, FL		City & State	
Zip 32578	Country USA	Zip	Country

10109213

DO NOT WRITE IN THIS SPACE

4. FEI Number		<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Lutz Kuhn	
	Street Address (P.O. Box Number is Not Acceptable) 4504 Highway 20 East, Suite B	
	City Niceville	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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

6/25/03
DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY-1**

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member, Manfred Nilles 4504 Highway 20 East, Suite B Niceville, FL 32578	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member, Lutz Kuhn 4504 Highway 20 East, Suite B Niceville, FL 32578	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

6/25/03
Date

Daytime Phone #

CR2E083B (12/02)