


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90154 035 \*\*\*\*50.00

<b>DOCUMENT # L03000023097</b>	
1. Entity Name <b>TWH PROPERTIES, LLC</b>	

Principal Place of Business <b>P.O. BOX 812007 BOCA RATON FL 33481 US</b>	Mailing Address <b>P.O. BOX 812007 BOCA RATON FL 33481 US</b>
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2. Principal Place of Business <b>1235 Spanish River Rd</b>	3. Mailing Address <b>P.O. Box 1907</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33432</b>	Country <b>US</b>
Zip <b>33429</b>	Country <b>US</b>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent <b>HENNIGAR, WILLIAM 1235 SPANISH RIVER BOULEVARD BOCA RATON FL 33432</b>	
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4. FEI Number <b>55-0839055</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 <b>Christine Biordi</b>	DATE <b>1/27/05</b>

<p><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNIGAR, WILLIAM <del>P.O. BOX 812007</del> BOCA RATON FL 33481 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIORDI, CHRISTINE <del>P.O. BOX 812007</del> BOCA RATON FL 33481 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1907 BOCA RATON FL 33429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1907 BOCA RATON, FL 33429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: <b>Christine Biordi</b>	DATE: <b>1/27/05</b>	DAYTIME PHONE: <b>750-9214</b>
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