

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030997

Entity Name: TWCM SOLUTIONS LLC

**FILED**  
**Apr 24, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

120 EAST CHICKASAW LANE  
PORT ST JOE, FL 32456

## **New Principal Place of Business:**

120 EAST CHICKASAW LANE  
PORT ST JOE, FL 32456 US

## **Current Mailing Address:**

120 EAST CHICKASAW LANE  
PORT ST JOE, FL 32456

## **New Mailing Address:**

120 EAST CHICKASAW LANE  
PORT ST JOE, FL 32456 US

FEI Number: 38-3670145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRABAREK, MICHAEL F  
120 EAST CHICKASAW LANE  
PORT ST JOE, FL 32456 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GRABAREK, MICHAEL F  
Address: 120 EAST CHICKASAW LANE  
City-St-Zip: PORT ST JOE, FL 32456 US

## **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: MICHAEL F GRABAREK

MR

04/24/2004

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