

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034271

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** TWIN RIVERS COMMERCIAL DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

120 N. CENTRAL AVENUE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

120 N. CENTRAL AVENUE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 54-2126039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOXLEY, H.O.  
120 N. CENTRAL AVENUE  
OVIEDO, FL 32765 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/MANAGERS:**

Title: MGRM  
Name: BOXLEY, H.O.  
Address: 120 N. CENTRAL AVENUE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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: H. O. BOXLEY

MGRM

04/23/2012

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