

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039368

FILED
Apr 30, 2008
Secretary of State

Entity Name: TWISTED MARTINI AT THE LANDING, LLC

Current Principal Place of Business:

9350 S. DIXIE HIGHWAY PENTHOUSE V
MIAMI, FL 33156

New Principal Place of Business:

2 INDEPENDENT DRIVE
SUITE #173
JACKSONVILLE, FL 32202

Current Mailing Address:

P.O. BOX 430941
MIAMI, FL 33243

New Mailing Address:

2 INDEPENDENT DRIVE
SUITE #173
JACKSONVILLE, FL 32202

FEI Number: 65-1207116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURTZ, DARRIN
9350 S. DIXIE HIGHWAY PENTHOUSE V
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

KURTZ, DARRIN
2 INDEPENDENT DRIVE
SUITE #173
JACKSONVILLE, FL 32202 US

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: DARRIN KURTZ

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KURTZ, DARRIN
Address: 9350 S. DIXIE HIGHWAY PENTHOUSE V
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: KATES, BARRY
Address: 9350 S. DIXIE HIGHWAY PENTHOUSE V
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KURTZ, DARRIN
Address: 1440 KIPLING LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BARRY KATES

MGRM

04/30/2008

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