

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039368

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** TWISTED MARTINI AT THE LANDING, LLC

**Current Principal Place of Business:**

2 INDEPENDENT DRIVE  
SUITE #173  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

2 INDEPENDENT DRIVE  
SUITE #173  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**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  
2 INDEPENDENT DRIVE  
SUITE #173  
JACKSONVILLE, FL 32202 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 ( ) Delete  
Name: KURTZ, DARRIN  
Address: 1440 KIPLING LANE  
City-St-Zip: ST. AUGUSTINE, FL 32095

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

**ADDITIONS/CHANGES:**

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

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:** DARRIN M. KURTZ

DMK

01/14/2009

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