

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043601

FILED  
Aug 10, 2005  
Secretary of State

Entity Name: TWINBERRY PARTNERS, LLC

**Current Principal Place of Business:**

5007 GROVELAND TERRACE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

5007 GROVELAND TERRACE  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: 20-0423724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ARCY, JEROME M MM  
PO BOX 111105  
NAPLES, FL 34108 US

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

ARCY, JEROME M MM  
5007 GROVELAND TERRACE  
NAPLES, FL 34108 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: \_\_\_\_\_

08/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARCY, JEROME M  
Address: 5007 GROVELAND TERRACE  
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM ( ) Delete  
Name: ARCY, SUSAN C  
Address: 5007 GROVELAND TERRACE  
City-St-Zip: NAPLES, FL 34119 US

**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 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: JEROME M ARCY

MGR

08/10/2005

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