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Feb 01, 2006 8:00 am
Secretary of State
02-01-2006 90019 025 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043602

1. Entity Name
TWIN PALMS OF CLEARWATER,LLC

20004302

Principal Place of Business	Mailing Address
200 BRIGHTWATER DRIVE UNIT 2 CLEARWATER, FL 33767 US	200 BRIGHTWATER DRIVE UNIT 2 CLEARWATER, FL 33767 US

01242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
861 Harbor Island	861 Harbor Island
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Clearwater FL	City & State Clearwater FL
Zip 33767 Country	Zip 33767 Country

4. FEI Number 20-0379696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROGERS, ROLAND 200 BRIGHTWATER DRIVE UNIT 2 CLEARWATER, FL 33767	Name Kenneth A. Olipra Street Address (P.O. Box Number is Not Acceptable) 861 Harbor Island City Clearwater FL Zip Code 33767

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Kenneth A. Olipra, Managing Member DATE 1/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGERS, ROLAND 200 BRIGHTWATER DRIVE CLEARWATER, FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Kenneth A. Olipra 861 Harbor Island ~~Clearwater, FL 33767~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] Kenneth A. Olipra 1/25/06 727-444-4458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BRYAN J. STANLEY, P.A.
ATTORNEY AT LAW

114 TURNER STREET
CLEARWATER, FLORIDA 33756

TELEPHONE (727) 461-1702
FACSIMILE (727) 461-1764
E-MAIL: bryan@bryanjstanley.com

ATTACHMENT
20004302
#100000043602

January 26, 2006

VIA REGULAR MAIL

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 2006 Annual Report for Twin Palms of Clearwater, LLC

Ladies and Gentlemen:

In connection with the above-referenced matter, attached please find enclosed Twin Palms of Clearwater, LLC's check no. 1142 in the amount of $50.00 representing the filing fees of the enclosed 2006 Annual Report.

Please do not hesitate to contact me with any questions.

Sincerely,

BRYAN J. STANLEY, P.A.

Bryan J. Stanley

BJS/svb
Enclosures
cc: Kenneth A. Olipra (via email)
Bruce Donovan (via email)