

FILED
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					
Principal Place of Business 200 BRIGHTWATER DRIVE UNIT 2 CLEARWATER, FL 33767 US			Mailing Address 200 BRIGHTWATER DRIVE UNIT 2 CLEARWATER, FL 33767 US		
2. Principal Place of Business 861 Harbor Island Suite, Apt. #, etc.		3. Mailing Address 861 Harbor Island Suite, Apt. #, etc.			
City & State Clearwater FL		City & State Clearwater FL		4. FEI Number 20-0379696	
Zip 33767 Country		Zip 33767 Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, ROLAND 200 BRIGHTWATER DRIVE UNIT 2 CLEARWATER, FL 33767				7. Name and Address of New Registered Agent 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 <u>Kenneth A. Olipra</u> Kenneth A. Olipra, Managing Member 1/25/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)					
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: <u>Kenneth A. Olipra</u> 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 #					

20004302



01242006 Chg-LLC CR2E083 (11/05)

BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

114 TURNER STREET
CLEARWATER, FLORIDA 33756

ATTACHMENT

20004302
#103000043602

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

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

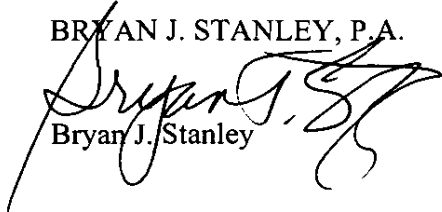
Ladies and Gentlemen:

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)