

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045048

Entity Name: TWIN VENTURES, LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

2925 CROW VALLEY TRIAL
PLANO, TX 75023

New Principal Place of Business:

929 DIPLOMAT PARKWAY EAST
CAPE CORAL, FL 33909

Current Mailing Address:

2925 CROW VALLEY TRIAL
PLANO, TX 75023

New Mailing Address:

929 DIPLOMAT PARKWAY EAST
CAPE CORAL, FL 33909

FEI Number: 36-4547835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SVENSSON, ELSHOT
929 DIPLOMAT PKWY EAST
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

KITTY, ELSHOT
929 DIPLOMAT PKWY EAST
CAPE CORAL, FL 33909 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: KITTY ELSHOT

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELSHOT, KIM
Address: 2925 CROW VALLEY TRAIL
City-St-Zip: PLANO, TX 75023

Title: MGRM () Delete
Name: ELSHOT, KITTY
Address: 2925 CROW VALLEY TRAIL
City-St-Zip: PLANO, TX 75023

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELSHOT, KIM
Address: 929 DIPLOMAT PARKWAY EAST
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM (X) Change () Addition
Name: ELSHOT, KITTY
Address: 929 DIPLOMAT PARKWAY EAST
City-St-Zip: CAPE CORAL, FL 33909

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: KITTY ELSHOT

MGRM

02/06/2009

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