

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000047060

FILED
Oct 20, 2004
Secretary of State

Entity Name: TWIN VENTURE, LLC

Current Principal Place of Business:

427 WEST WINDHORST ROAD
BRANDON, FL 33510

New Principal Place of Business:

3632 W CYPRESS STREET
TAMPA, FL 33607 US

Current Mailing Address:

427 WEST WINDHORST ROAD
BRANDON, FL 33510

New Mailing Address:

3632 W CYPRESS STREET
TAMPA, FL 33607 US

FEI Number: 20-1770847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILBUR BRANTLEY
427 WEST WINDHORST ROAD
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

WILBUR BRANTLEY
3632 W CYPRESS STREET
TAMPA, FL 33607 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: WILBUR BRANTLEY

10/20/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRANTLEY, WILBUR
Address: 427 WEST WINDHORST
City-St-Zip: BRANDON, FL 33510

Title: MGR () Delete
Name: EAST, CLARK
Address: 4619 MIRABELLA COURT
City-St-Zip: CLEARWATER, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRANTLEY, WILBUR
Address: 3632 W CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Change () Addition
Name: EAST, CLARK
Address: 3632 W CYPRESS STREET
City-St-Zip: TAMPA, FL 33706 US

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: WILBUR BRANTLEY

MGRM

10/20/2004

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