


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 MAY 12 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|---------------------------------|--|--|---|
| DOCUMENT # L04000013089 1. Entity Name TWIN SCREWS, LLC | | | |  | |
| Principal Place of Business 2950 TAMiami TRAIL NORTH SUITE 16 NAPLES, FL 34103 | | | Mailing Address 2950 TAMiami TRAIL NORTH SUITE 16 NAPLES, FL 34103 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-0743757 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KYRITSIS, ATHINA L 207 MERMAIDS BIGHT NAPLES, FL 34103 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KYRITSIS, ATHINA L 207 MERMAIDS BIGHT NAPLES, FL 34103 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500054306525 05/12/05--01007--001 **262.50 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GREKOS, ZANNOS G 207 MERMAIDS BIGHT NAPLES, FL 34103 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GREVENGOOD, CHRIS 451 FLAMINGO AVE. NAPLES, FL 34108 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GREVENGOOD, BETH 451 FLAMINGO AVE. NAPLES, FL 34108 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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 authorized to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: _____ | | | Date 5 April 05 Daytime Phone # 2396494805 | | |