

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027039

FILED
Mar 09, 2009
Secretary of State

Entity Name: TWIN LAKES INVESTMENTS, LLC

Current Principal Place of Business:

309 SE OSCEOLA ST, STE 105
STUART, FL 34994 US

New Principal Place of Business:

309 SE OSCEOLA ST
105
STUART, FL 34994 US

Current Mailing Address:

PO BOX 2393
STUART, FL 34995

New Mailing Address:

FEI Number: 20-0982640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYDELOTTE, W. THOMAS
729 COLORADO AVENUE
STUART, FL 34994 US

Name and Address of New Registered Agent:

AYDELOTTE, W. THOMAS
309 SE OSCEOLA ST
105
STUART, FL 34994 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:

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AYDELOTTE, W. THOMAS
Address: 729 COLORADO AVENUE
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: AYDELOTTE, ALEX
Address: 729 COLORADO AVENUE
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AYDELOTTE, W. THOMAS
Address: 309 SE OSCEOLA ST, SUITE 105
City-St-Zip: STUART, FL 34994 US

Title: MGRM (X) Change () Addition
Name: AYDELOTTE, ALEX
Address: 309 SE OSCEOLA ST, SUITE 105
City-St-Zip: STUART, FL 34994 US

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: W THOMAS AYDELOTTE

MGRM

03/09/2009

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