



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000035261 1. Entity Name TWIN LAKES, L.L.C.					
Principal Place of Business 185 NORTH BAYSHORE DRIVE EAST POINT, FL 32328			Mailing Address 185 NORTH BAYSHORE DRIVE EAST POINT, FL 32328		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		11232005 REIN-LLC CR2E101 (6/04)	
Zip		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLENDER, BRUCE 185 NORTH BAYSHORE DRIVE EAST POINT, FL 32328				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Bruce Millender 185 North Bayshore Dr Eastpoint, FL 32328				TITLE NAME STREET ADDRESS CITY-ST-ZIP 600062120256 12/13/05--01042--017 **450.00	
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Angeline Millender</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				11-20-05 Date	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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