

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90114 001 ***300.00

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**

DO NOT WRITE IN THIS SPACE



07112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLENDER, BRUCE
185 NORTH BAYSHORE DRIVE
EAST POINT, FL 32328**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MM
MILLENDER, BRUCE
185 NORTH BAYSHORE DR
EASTPOINT, FL 32328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bruce Millender*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-6-06

Date

*1-858 -
670-8876*

Daytime Phone #