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Jun 02, 2005 8:00 am
Secretary of State
04-29-2005 90031 030 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000036295

1. Entity Name
TWC TWO, LLC

30008419

Principal Place of Business	Mailing Address
660 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	660 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602

02102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
655 N. Franklin St.		655 N. Franklin St.	
Suite, Apt. #, etc.: Suite 2200		Suite, Apt. #, etc.: Suite 2200	
City & State: Tampa FL		City & State: Tampa, FL	
Zip: 33602	Country: US	Zip: 33602	Country: US

4. FEI Number: 20-1122536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NOLAN, MICHAEL J
201 N. FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name: Brenda H. Storey
Street Address (P.O. Box Number is Not Acceptable): 655 N. Franklin St. Suite 2200
City: Tampa FL Zip Code: 33602

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: Brenda H. Storey (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-18-05

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: MM NAME: Carolyn M. Wilson STREET ADDRESS: 655 N. Franklin St. Suite 2200 CITY-ST-ZIP: Tampa, FL 33602	☐ Delete	TITLE: MM NAME: ~~Carolyn M. Wilson~~ STREET ADDRESS: ~~655 N. Franklin St. Suite 2200~~ CITY-ST-ZIP: ~~Tampa, FL 33602~~	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Brenda H. Storey 4-18-05 813-281-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
Brenda H. Storey
Chief Financial Officer