


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90031 029 ****50.00

DOCUMENT # L04000036296			
1. Entity Name TWC ONE, LLC			
Principal Place of Business 660 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		Mailing Address 660 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	
2. Principal Place of Business 655 N. Franklin St. Suite, Apt. #, etc. Suite 2200 City & State Tampa FL Zip 33602 Country US		3. Mailing Address 655 N. Franklin St. Suite, Apt. #, etc. Suite 2200 City & State Tampa FL Zip 33602 Country US	
B. 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 <u>Brenda H. Storey</u> (NOTE: Registered Agent signature required when re-registering) DATE <u>4-18-05</u>			
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 Carolyn Wilson 655 N. Franklin St. #2200 Tampa, FL 33602		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	
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	
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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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	
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 606, Florida Statutes.			
SIGNATURE: <u>Brenda H. Storey</u> Brenda H. Storey Chief Financial Officer		4-18-05 813-281-8888 Date Daytime Phone #	

30008421



02102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1122509
Applied For
Not Applicable

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