

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State


04-29-2005 90031 028 ****50.00

DOCUMENT # L04000036840		
1. Entity Name TWC CONSTRUCTION COMPANY, LLC		

Principal Place of Business 655 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	Mailing Address 655 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20030223



01182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1138903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STOREY, BRENDA H 655 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 (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 NAME STREET ADDRESS CITY-ST-ZIP	P Cardyn, Wilson M. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hammond, Steven P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 655 N. Franklin St. Suite 2200 Tampa FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Storey, Brenda <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hanerfeld, Barry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 655 N. Franklin St. Suite 2200 Tampa FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wilson, Ashley <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILSON, CAROLYN M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 N. Franklin St. Suite 2200 Tampa FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS STOREY, BRENDA H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 N. Franklin St. Suite 2200 Tampa FL 33602
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

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 DATE 4-18-05 813-281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Brenda H. Storey
Chief Financial Officer