2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000036840

TWC CONSTRUCTION COMPANY, LLC

Principal Place of Business



Mailing Address 655 N. FRANKLIN STREET, SUITE 2200 655 N. FRANKLIN STREET, SUITE 2200

TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90036 032 ****50.00

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04032007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For 20-1138903 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOREY, BRENDA H Street Address (P.O. Box Number is Not Acceptable) 655 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 Zip Code FL 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 Make check payable to Fillng Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES VΡ TITLE ☐ Delete TITLE Change ☐ Addition HAMMOND, STEVEN P NAME STREET ADDRESS 655 N FRANKLIN ST STE 2200 STREET ADDRESS TAMPA, FL 33602 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME HANERFELD, BARRY NAME 655 N FRANKLIN ST STE 2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE WILSON, CAROLYN M NAME NAME STREET ADDRESS 655 N FRANKLIN ST STE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP **CFOS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition STOREY, BRENDA H NAME NAME 655 N FRANKLIN ST STE 2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

AMAGER, OR AUTHORIZED REPRESENTATIVE

19 2007

Daytime Phone #

torev