




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90040 007 ****50.00

DOCUMENT # L04000037564					
1. Entity Name TWGPC, LLC					
Principal Place of Business 1 HARGROVE GRADE, SUITE 1B PALM COAST, FL 32257			Mailing Address 1 HARGROVE GRADE, SUITE 1B PALM COAST, FL 32257		
2. Principal Place of Business 1440 N NOVA RD		3. Mailing Address 1440 N NOVA RD			
Suite, Apt. #, etc. SUITE 305		Suite, Apt. #, etc. SUITE 305			
City & State HOLLY HILL FL		City & State HOLLY HILL FL			
Zip 32117		Country US		04172006 Chg-LLC CR2E083 (11/05)	
Zip 32117		Country US		4. FEI Number -APPLIED FOR 56-2461057	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEBER, ALFRED R JR 1 HARGROVE GRADE, SUITE 1B PALM COAST, FL 32257			Name WEBER ALFRED R JR		
			Street Address (P.O. Box Number is Not Acceptable) 1440 N NOVA RD SUITE 305		
			City HOLLY HILL FL Zip Code 32117		
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>ALFRED R WEBER JR</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, AL 29 DILLMONT DRIVE SMITHTOWN, NY 11787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, ALFRED R JR 1440 N NOVA RD SUITE 305 HOLLY HILL FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANZARO, THOMAS 124 ISLAND ESTATES PARKWAY PALM COAST, FL 32137	<input checked="" 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
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 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: 		ALFRED R WEBER JR MGR		4/20/06 386-255-0889	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	