# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# L04000047473

**Entity Name:** TWIN LAKE ENTERPRISES, LLC

**Current Principal Place of Business:**

P.O. BOX 430265
S.MIAMI, FL 33243

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 430265
S.MIAMI, FL 33243

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

DIAZ, MARK
441 ALMIRA AVE.
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: DIAZ, MARK
Address: P.O. BOX 430265
City-St-Zip: S.MIAMI, FL 33243

Title: MGR ( ) Delete
Name: HENRIQUEZ, STEVEN J
Address: 10022 HAMMOCKS BLVD #20
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HENRIQUEZ, STEVEN J
Address: 10022 HAMMOCKS BLVD #201
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN HENRIQUEZ MGR 09/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date