

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90031 027 \*\*\*\*50.00

<b>DOCUMENT # L04000049992</b> 1. Entity Name <b>TWC THREE, LLC</b>																																																							
Principal Place of Business <b>655 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602</b>			Mailing Address <b>655 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602</b>																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																				
City & State			City & State																																																				
Zip		Country		Zip																																																			
Country		Country		4. FEI Number <b>20-1327552</b>																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																																																			
6. Name and Address of Current Registered Agent  <b>NOLAN, MICHAEL J 201 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>Brenda H. Storey</b> Street Address (P.O. Box Number is Not Acceptable) <b>655 N. Franklin St. Suite 2200</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>																																																			
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 reinstating) DATE <b>4-18-05</b>																																																							
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>Carolyn M. Wilson</b></td> <td><b>655 N. Franklin St. #2200</b></td> <td><b>Tampa, FL 33602</b></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>Carolyn M. Wilson</b>	<b>655 N. Franklin St. #2200</b>	<b>Tampa, FL 33602</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: <u>Brenda H. Storey</u> <b>4-18-05 813-281-8888</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # <b>Brenda H. Storey</b> <b>Chief Financial Officer</b>																																																							

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