


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90049 048 ****50.00

DOCUMENT # L04000049992 1. Entity Name TWC THREE, LLC					
Principal Place of Business 655 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602			Mailing Address 655 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1327552				Applied For <input type="checkbox"/> Not Applicable	
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		
STOREY, BRANDA H 655 N. FRANKLIN STREET, STE. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM WILSON, CAROLYN M 655 N FRANKLIN ST, STE 2200 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 606, Florida Statutes.					
SIGNATURE: <i>Brenda H. Storey</i>		Date APR 10 2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Brenda H. Storey Chief Financial Officer		Daytime Phone # 813-281-8888			



■ 655 North Franklin Street
Suite 2200
Tampa, Florida 33602-4448
813.281.8888
813.281.5657 Fax
www.WilsonCompany.com

ATTACHMENT
20051203
L040000992

April 13, 2006

Florida Department of Revenue
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

CERTIFIED MAIL

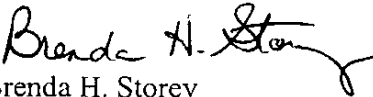
Dear Sirs:

Enclosed please find the 2006 Limited Liability Company Annual Report along with the appropriate fees for the following entities:

TWC Construction Company, LLC	FEI #20-1138903
TWC Three, LLC	FEI #20-1122509
TWC Two, LLC	FEI #20-1122536
TWC One, LLC	FEI #20-1327552
Bay Tree Farm LLC	FEI #20-4679509

Please do not hesitate to contact me if you have any questions.

Sincerely,


Brenda H. Storey
Chief Financial Officer

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