

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083207

1. Entity Name
TWIN LAKES HOME & LAND, LLC



Principal Place of Business
**3135 TERRACE AVENUE
NAPLES, FL 34104**

Mailing Address
**3135 TERRACE AVENUE
NAPLES, FL 34104**



DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1864770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEYES, KEVIN
3135 TERRACE AVENUE
NAPLES, FL 34104**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000505809
04/26/06-80130-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KEYES, KEVIN
3135 TERRACE AVENUE
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMITH, ALOYSIUS
2353 MAYFIELD COURT
NAPLES, FL 34105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____