


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000084112 1. Entity Name TWIN PALMS, LLC		
Principal Place of Business 8 INDIAN MOUND COURT FLAGLER BEACH, FL 32136		Mailing Address 8 INDIAN MOUND COURT FLAGLER BEACH, FL 32136
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MATHEWS, JAY MICHAEL 8 INDIAN MOUND COURT FLAGLER BEACH, FL 32136		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, JAY MICHAEL 8 INDIAN MOUND COURT FLAGLER BEACH, FL 32136	
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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: <u>Jay Michael Mathews</u> <u>04-19-06</u> <u>386-258-8020</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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05/06/06-80031-018 50.00

**DO NOT WRITE
IN THIS SPACE**