

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091361

FILED  
May 11, 2005  
Secretary of State

Entity Name: CROUCH TWIN INVESTMENT, LLC

**Current Principal Place of Business:**

PO BOX 4286  
TAMPA, FL 33677

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4286  
TAMPA, FL 33677

**New Mailing Address:**

FEI Number: 01-0827658      FEI Number Applied For ( )      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:**

CROUCH, DAVID S  
800 SOUTH DAKOTA AVENUE, APT. #107  
TAMPA, FL 33606      US

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

CROUCH, DAVID S  
403 DUNEDIN AVE  
TAMPA, FL 33617      US

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:

05/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CROUCH, DAVID S OWNER  
Address: 403 DUNEDIN AVE  
City-St-Zip: TAMPA, FL 33617

Title: MGM ( ) Change (X) Addition  
Name: CROUCH, JOHN L  
Address: 2271 1ST STREET  
City-St-Zip: FT. MYERS, FL 33901

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: DAVID CROUCH/DAVID CROUCH

MGR

05/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date