

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091361

FILED
May 12, 2009
Secretary of State

Entity Name: CROUCH TWIN INVESTMENT, LLC

Current Principal Place of Business:

4885 VENETIAN PLACE NE
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

PO BOX 4286
TAMPA, FL 33677

New Mailing Address:

4885 VENETIAN PLACE NE
SAINT PETERSBURG, FL 33703

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:

Name and Address of New Registered Agent:

CROUCH, DAVID S
4885 VENETIAN PLACE NE
ST. PETERSBURG, FL 33703 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CROUCH, DAVID S OWNER
Address: 4885 VENETIAN PLACE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGM () Delete
Name: CROUCH, JOHN L
Address: 1540 MORENO AVENUE
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGM (X) Change () Addition
Name: CROUCH, JOHN L
Address: 118 SUNNY POINT CIRCLE
City-St-Zip: LAGRANGE, GA 30240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MGR

05/12/2009

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