
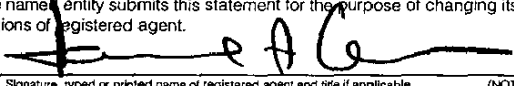
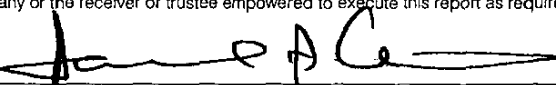


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90187 020 \*\*\*\*50.00

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>DOCUMENT # L04000091371</b><br>1. Entity Name<br><b>TWILIGHT VENTURES, LLC</b>  |   |  |   |  |   |
| Principal Place of Business<br><b>9009 REGENCY SQUARE BOULEVARD<br/>JACKSONVILLE, FL 32211</b>   |   |  | Mailing Address<br><b>P.O. DRAWER U<br/>JACKSONVILLE, FL 32203</b>  |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>220 Ponte Vedra Park Dr</b><br>Suite, Apt. #, etc.<br><b>Suite 160</b><br>City & State<br><b>Ponte Vedra Beach, FL</b><br>Zip<br><b>32082</b>   |   | 3. Mailing Address<br><b>220 Ponte Vedra Park Dr</b><br>Suite, Apt. #, etc.<br><b>Suite 160</b><br>City & State<br><b>Ponte Vedra Beach, FL</b><br>Zip<br><b>32082</b> |   | 01262007    Chg-LLC    CR2E083 (12/06)  |   |
| 4. FEI Number<br><b>20-1999116</b>   |   |  |   | Applied For<br><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<br><br><b>STEIN, DAVID A<br/>9009 REGENCY SQUARE BOULEVARD<br/>JACKSONVILLE, FL 32211</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>David A. Stein</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>220 Ponte Vedra Park Dr. #160</b><br>City <b>Ponte Vedra Beach</b> <b>FL</b> Zip Code <b>32082</b> |   |   |
| 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  DATE <b>2/15/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>STEIN, DAVID A<br>9009 REGENCY SQUARE BOULEVARD<br>JACKSONVILLE, FL 32211 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 608, Florida Statutes. |   |  |   |   |   |
| SIGNATURE:    |   |  |   | Date <b>2/15/07</b> Daytime Phone # <b>904-543-7074</b>                           |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |   |   |   |

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