

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90404 019 \*\*\*138.75

**DOCUMENT # L04000091371**

1. Entity Name  
**TWILIGHT VENTURES, LLC**



Principal Place of Business  
**220 PONTE VERDE PARK DR.  
SUITE 160  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**220 PONTE VERDE PARK DR.  
SUITE 160  
PONTE VEDRA BEACH, FL 32082**

**60012082**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02202008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-1999116**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIN, DAVID A  
220 PONTE VEDRA PARK DR.  
#160  
PONTE VEDRA BEACH, FL 32082**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **STEIN, DAVID A**  
STREET ADDRESS **9000 REGENCY SQUARE BOULEVARD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Stein, David A.**  
STREET ADDRESS **220 Ponte Vedra Park Dr. #160**  
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082-6616**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

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

Date

Daytime Phone #

**2/4/08 904.5437074**