

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091371

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** TWILIGHT VENTURES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

220 PONTE VERDE PARK DR.  
SUITE 160  
PONTE VEDRA BEACH, FL 320826616

**Current Mailing Address:**

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

**New Mailing Address:**

220 PONTE VERDE PARK DR.  
SUITE 160  
PONTE VEDRA BEACH, FL 320826616

**FEI Number:** 20-1999116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:** MGRM  
**Name:** STEIN, DAVID A  
**Address:** 220 PONTE VEDRA PARK DRIVE 160  
**City-St-Zip:** PONTE VEDRA BEACH, FL 320826616

I hereby 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 A. STEIN

MGRM

02/01/2011

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