


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000029277	
1. Entity Name TWOMEY MAGFHLOINN, LLC	

Principal Place of Business 2491 NE OCEAN BOULEVARD #202 STUART, FL 34996	Mailing Address 2491 NE OCEAN BOULEVARD #202 STUART, FL 34996
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DO NOT WRITE IN THIS SPACE

01092008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2578041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGLYNN, EILEEN T 2491 NE OCEAN BLVD STE 202 STUART, FL 34996
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

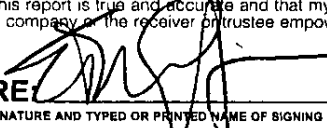
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGLYNN, EILEEN T 2491 NE OCEAN BLVD., #202 STUART, FL 34996
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U000000936040
05/23/08-80095-024 138.75

**DO NOT WRITE
IN THIS SPACE**

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  Eileen T. McGlynn 4/20/08 172254335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #