

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90207 046 ****50.00

DOCUMENT # L05000045058					
1. Entity Name TWIN PROPS, LLC					
Principal Place of Business 2886 TAMiami TRAIL, SUITE 7 PORT CHARLOTTE, FL 33952			Mailing Address 2886 TAMiami TRAIL, SUITE 7 PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box # 22226 Westchester Blvd.		3. Mailing Address 22226 Westchester Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port Charlotte FL		City & State Port Charlotte FL		4. FEI Number 20-2874129	
Zip 33952		Country Charlotte		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, DENISE J 2886 TAMiami TRAIL, SUITE 7 PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name: Hall Denise J. Street Address: 22226 Westchester Boulevard City: Port Charlotte FL Zip Code: 33952	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME HALL, DENISE J STREET ADDRESS 2886 TAMiami TRAIL #7 CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME 22226 Westchester Blvd. STREET ADDRESS Port Charlotte, FL 33952 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME KIJAK, PAULA M STREET ADDRESS 2886 TAMiami TRAIL #7 CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME 22226 Westchester Blvd. STREET ADDRESS Port Charlotte, FL 33952 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME KIJAK, FRED J STREET ADDRESS 2886 TAMiami TRAIL #7 CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME 22226 Westchester Blvd. STREET ADDRESS Port Charlotte, FL 33952 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME HALL, RODNEY A STREET ADDRESS 2886 TAMiami TRAIL #7 CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME 22226 Westchester Blvd. STREET ADDRESS Port Charlotte, FL 33952 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Denise J Hall</i>			Date: 2/20/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					