

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000048237

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Entity Name:** TWIN LAKE HILLS DEVELOPMENT LLC

**Current Principal Place of Business:**

654 W NEW ENGLAND AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

1007 GREENTREE DRIVE  
WINTER PARK, FL 32789

**Current Mailing Address:**

654 W NEW ENGLAND AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

1007 GREENTREE DRIVE  
WINTER PARK, FL 32789

**FEI Number:** 20-2848583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOCKNOPF BEN-ZEEV, RON  
654 W NEW ENGLAND AVENUE  
WINTER PARK, FL 32789 US

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

STOCKNOPF BEN-ZEEV, RON  
1007 GREENTREE DRIVE  
WINTER PARK, FL 32789 US

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: RON STOCKNOPF BEN-ZEEV

04/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STOCKNOPF BEN-ZEEV, RON  
Address: 654 W NEW ENGLAND AVNUE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STOCKNOPF BEN-ZEEV, RON  
Address: 1007 GREENTREE DRIVE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RON STOCKNOPF BEN-ZEEV

MGRM

04/12/2007

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