

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081308

Entity Name: TWIN-LAWS, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

150 W. FLAGLER STREET, 2200 MUSEUM TOWER
ATTN: JOY LUNDEEN
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

150 W. FLAGLER STREET, 2200 MUSEUM TOWER
ATTN: JOY LUNDEEN
MIAMI, FL 33130

New Mailing Address:

FEI Number: 20-3319335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNDEEN, JOY
150 W. FLAGLER STREET, 2200 MUSEUM TOWER
MIAMI, FL 33130 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 () Delete
Name: LUNDEEN, JOY
Address: 150 W. FLAGLER STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: LUNDEEN, A SCOTT
Address: 150 W. FLAGLER STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: SPILLIS, GEORGE P
Address: 150 W. FLAGLER STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: SPILLIS, SHARON A
Address: 150 W. FLAGLER STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOY LUNDEEN

MGRM

04/10/2007

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