



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000088427 <small>1. Entity Name</small> TWIN BROTHERS INVESTMENTS, LLC					
<small>Principal Place of Business</small> 7961 NW 113 PLACE MIAMI, FL 33178			<small>Mailing Address</small> 7961 NW 113 PLACE MIAMI, FL 33178		
<small>2. Principal Place of Business - No P.O. Box #</small>		<small>3. Mailing Address</small>			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>			
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	<div style="text-align: center;">  </div>	
<small>4. FEI Number</small> 20-3471535				<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>				\$5.00 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> LLANES, RODOLFO 7961 NW 113 PLACE MIAMI, FL 33178			<small>7. Name and Address of New Registered Agent</small> <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
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		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM LLANES, RODOLFO 7961 NW 113 PLACE MIAMI, FL 33178	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM LLANES, DIANA P 7961 NW 113 PLACE MIAMI, FL 33178	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>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.</small>			<div style="text-align: right;"> 4-16-07 (305)494-5052 </div>		
SIGNATURE: _____			<small>DATE</small> _____ <small>DAYTIME PHONE #</small> _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					