

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090213

Entity Name: TWENTIETH S, LLC

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

5351 CONGO COURT
CAPE CORAL, FL 33904

New Principal Place of Business:

6719 WINKLER ROAD, SUITE 112
FORT MYERS, FL 33919

Current Mailing Address:

5351 CONGO COURT
CAPE CORAL, FL 33904

New Mailing Address:

6719 WINKLER ROAD, SUITE 112
FORT MYERS, FL 33919

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUDDE, CYRIL J JR
5351 CONGO COURT
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

BUDDE, CYRIL J JR
6719 WINKLER ROAD, SUITE 112
FORT MYERS, FL 33919 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: CYRIL J. BUDDE, JR.

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUDDE, CYRIL J JR
Address: 5351 CONGO COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Delete
Name: SANTANA, ANA M
Address: 5351 CONGO COURT
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUDDE, CYRIL J JR
Address: 6719 WINKLER ROAD, SUITE 112
City-St-Zip: FORT MYERS, FL 33919

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: CYRIL J. BUDDE, JR.

MGRM

01/31/2007

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