

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092413

FILED
Apr 27, 2006
Secretary of State

Entity Name: TWIN SISTERS, LLC

Current Principal Place of Business:

3 S.W. 129TH AVE., SUITE 400
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

3 S.W. 129TH AVE., SUITE 400
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 20-3530288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, MARCIA E ESQ.
C/O NELSON & LEVINE
2775 SUNNY ISLES BLVD., SUITE 118
NORTH MIAMI BEACH, FL 33160 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MEMB () Change (X) Addition
Name: SCHAEFER, EILEEN BONNIE
Address: 2070 N OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33431

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: EILEEN BONNIE SCHAEFER

MEMB

04/27/2006

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