2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L06000012894

Entity Name: TWIN OAKS, LLC

Current Principal Place of Business:

830 NE 28TH ST.
#400
OCALA, FL 34470

New Principal Place of Business:

830 NE 28TH ST.
BLDG. #400
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 4337
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-4254067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATES, HELEN M
3001 SW 24TH AVE.
#301
OCALA, FL 34474 US

Name and Address of New Registered Agent:

CATES, HELEN M
830 NE 28TH ST.
BLDG. #400
OCALA, FL 34470 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: HELEN M. CATES 04/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	PRES	( ) Delete
Name:	MOORE, ANTHONY R JR.	
Address:	1831 SE 38TH COURT	
City-St-Zip:	OCALA, FL 34471	
Title:	VP	( ) Delete
Name:	MOORE, MONICE R	
Address:	1831 SE 38TH COURT	
City-St-Zip:	OCALA, FL 34471	
Title:	VP	( ) Delete
Name:	CATES, PAUL J	
Address:	3001 SW 24TH AVE. #301	
City-St-Zip:	OCALA, FL 34474	
Title:	TREA	( ) Delete
Name:	CATES, HELEN M	
Address:	3001 SW 24TH AVE. #301	
City-St-Zip:	OCALA, FL 34474	
Title:	SECT	( ) Delete
Name:	CATES, HELEN M	
Address:	3001 SW 24TH AVE. #301	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	CATES, PAUL J	
Address:	830 NE 28TH ST. #400	
City-St-Zip:	OCALA, FL 34470	
Title:	TREA	(X) Change ( ) Addition
Name:	CATES, HELEN M	
Address:	830 NE 28TH ST. #400	
City-St-Zip:	OCALA, FL 34470	
Title:	SECT	(X) Change ( ) Addition
Name:	CATES, HELEN M	
Address:	830 NE 28TH ST. #400	
City-St-Zip:	OCALA, FL 34470	

I hereby certify that the information supplied with this filing does not qualify 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: HELEN M. CATES TREA 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date