2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000030952

1. Entity Name
TWIN LAKES DOCK SALES LLC

Principal Place of Business	Mailing Address
17105 CR 325	17105 CR 325
HAWTHORNE, FL 32640 US	HAWTHORNE, FL 32640 US

DO NOT WRITE IN THIS SPACE

02192008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-4670479		Not Applicable

5. Certificate of Status Desired   ☑   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, ROGER
17105 CR 325
HAWTHORNE, FL 32640

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IN THIS SPACE

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000834634
02/28/08-80061-003 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COFFMAN, MICHAEL R
STREET ADDRESS	17105 CR 325
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	MGRM
NAME	WOOD, ROGER
STREET ADDRESS	17105 CR 325
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE: *Michael R. Coffman*   2-19-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #