

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000050832

Entity Name: TWIN BEACHES, LLC

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

201 ARVIDA PARKWAY  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

POB 431436  
MIAMI, FL 331431436

**New Mailing Address:**

POB 431436  
MIAMI, FL 33243

FEI Number: 20-4897927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRUZ, GUILLERMO R  
201 ARVIDA PARKWAY  
CORAL GABLES, FL 33156 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: MR.  
Name: CRUZ, GUILLERMO R  
Address: 201 ARVIDA PARKWAY  
City-St-Zip: CORAL GABLES, FL 33156 US

I hereby 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: GUILLERMO R. CRUZ

MR.

04/20/2010

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