2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058332

Entity Name: TWIN PINES, LLC

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7060 E HWY 326

SILVER SPRINGS, FL 34488 US

Current Mailing Address: New Mailing Address:

P.O. BOX 546 P.O. BOX 622

SILVER SPRINGS, FL 34489 US TAYLORS, SC 29687 US

FEI Number: 74-3180329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SMITH, SANDRA K
7060 E. HIGHWAY 326
SMITH, STEVEN A
7060 E. HIGHWAY 326

SILVER SPRINGS, FL 34488 US SILVER SPRINGS, FL 34488 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: STEVEN A. SMITH 04/28/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: STEVEN A. SMITH REVO, CABLE TRUST Name: STEVEN A. SMITH REVO, CABLE TRUST

Address: P.O. BOX 546 Address: P.O. BOX 622

City-St-Zip: SILVER SPRINGS, FL 34489 US City-St-Zip: TAYLORS, SC 29687 US

Title: MGRM (X) Delete Title: () Change () Addition

Name:SANDRA K. SMITH REVO, CABLE TRUSTName:Address:P.O. BOX 546Address:City-St-Zip:SILVER SPRINGS, FL 34489 USCity-St-Zip:

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: STEVEN A. SMITH MGR 04/28/2008