2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 09, 2007 8:00 am Secretary of State **DOCUMENT # L06000063852** 03-09-2007 90134 023 ****50.00 1. Entity Name TWINSPLACE LLC Principal Place of Business Mailing Address DENISE AND DIANE FOGT 4553 NW 60TH STREET COCONUT CREEK, FL 33073 4553 NW 60TH STREET COCONUT CREEK, FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 CR2E083 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOGT, DIANE Street Address (P.O. Box Number is Not Acceptable) 4553 NW 60TH STREET COCONUT CREEK, FL 33073 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MGR TITLE ☐ Delete TITLE Change ☐ Addition FOGT, JELLY . 4559 MARINERS COVE FOGT, JERRY NAME NAME 550 RADER DRIVE STREET ADDRESS STREET ADDRESS WELLINGTON, FL 33467 CITY-ST-ZIP VANDALIA, OH-45377 CITY-ST-ZIP MGRM Delete TITLE THE **Change** ☐ Addition MGRM FOGT, MARILYN 4559 MARINERS COVE WellINGTON, FL 33467 NAME FOGT, MARILYN NAME 550 RADER DRIVÈ STREET ADDRESS STREET ADORESS CITY-S1-ZIP VANDALIA, OH 45377 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME FOGT, DIANE NAME STREET ADDRESS 4553 NW 60TH STREET STREET ADDRESS CITY-ST-ZP COCONUT CREEK, FL 33073 CITY-ST-ZIP TITLE MGRM ☐ Delete TrT1 F ☐ Change ■ Addition NAME FOGT, DENISE NAME STREET ADDRESS 4553 NW 60TH STREET STREET ADORESS CITY-SI-7P COCONUT CREEK, FL 33073 CITY-ST-ZIP TITLE TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

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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.

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