

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/9/

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-09-2007 90036 036 ****50.00

DOCUMENT # L06000073337 1. Entity Name TWIN EAGLES, LLC					
Principal Place of Business 1222 CAMP AVENUE MOUNT DORA, FL 32757			Mailing Address 1222 CAMP AVENUE MOUNT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 20-8420332					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DAVIS, BRADLEY J ESQUIRE 100 TECHNOLOGY PARK SUITE 170 LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHCRAFT, JAMES M 1222 CAMP AVENUE MOUNT DORA, FL 32757	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i> <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 1/5/07 Daytime Phone # 352-383-0194		