2008 LIMITED LIABILITY COMPANY

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TWIN EAGLES, LLC PROCESS PLACE of Suchess 1222 CAMP AVENUE MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 DO NOT WRITE IN THIS SPACE 4. FEI Number 20. 8420332 5. Conflicator of Strutus Desired Asceler 100 TSCHMOLOGY PARK SUITE 170 LAKE MARY, FL 32746 8. The above named entry submiss this sustemant for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of registered agent, or both, in the State of Florica. I am familiar with and the obligations of	ANNUAL REPORT		Apr 25, 2008 08:00	
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DO NOT WRITE IN THIS SPACE 4. FEI Number 20-8420332 S. Certificate of Status Desired S. S. Od Addition S. Name and Address of Current Registered Agent DAVIS, BRADLEY J ESQUIRE DO NOT WRITE 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 lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and the obligations of registered agent, or both, in the State of Florida. I am lamiliar with and the obligations of Florida. I am lamiliar with and the obligations of Florida. I am lamiliar with and the obligations of Florida. I am lamiliar with and the obligations of Florida. I am lamiliar with and the obligations of Florida. I am lamiliar with and the obligations of Florida. I am lamiliar with and the obligations of Florida	1222 CAMP AVENUE 1222 CAMP AVENUE		1/18/18/18/18/18/18/18/18/18/18/18/18/18	
6. Name and Address of Current Registered Agent DAVIS, BRADLEY J ESQUIRE 100 TECHNOLOGY PARK SUITE 170 LAKE MARY, FL 32746 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 farmlar with, and the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed here of registered special and its / applicable PILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS 1011 1011 1012 1014 MAR ASHCRAFT, JAMES M SIREM ADMESS 1017-51-2P 1016 MAR SIREM ADMESS 1017-51-2P 1017 1018 NAME SIREM ADMESS 1017-51-2P 1018 NAME SIREM ADMESS 1017-51-2P 1019 101	DO NOT WRITE IN THIS SPA	ACE	04182008 No Chg-LLC 4. FEI Number	CR2E083 (12/07) Applied For Not Applicable
8. The above named entity submits this statement for the ourpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, spead or printed name of registered agent and stee? applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE NAME MARE ASHICRAFT, JAMES M ASHICRAFT, JAMES M MOUNT DORA, FL 32757 TITLE MAKE SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P	DAVIS, BRADLEY J ESQUIRE 100 TECHNOLOGY PARK	44 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	DO NOT	Fee Required
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NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME			

11. I hereby certify that the information supplied with this filling 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 dompany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MBER, OR AUTHORIZE REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

Date

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