

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078880

Entity Name: TWM PARTNERS, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

8443 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

5602 DEER FOREST CT  
GREENSBORO, NC 27406

**New Mailing Address:**

316 WINGFOOT DRIVE  
WAXHAW, NC 28173

FEI Number: 59-3258043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

F & L CORP.  
ONIE INDEPENDENT DRIVE, STE. 1300  
JACKSONVILLE, FL 322025017 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: P ( ) Delete  
Name: MCANALLEN, THOMAS  
Address: 9 SANDY COVE RD  
City-St-Zip: LAKE WYLIE, SC 29710

Title: V ( ) Delete  
Name: MCANALLEN, SEAN  
Address: 3931 SULKIRK RD  
City-St-Zip: CHARLOTTE, NC 28210

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-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: THOMAS MCANALLEN

P

04/28/2009

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