

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005683

Entity Name: TWISTED PICKET LLC

FILED
Feb 28, 2009
Secretary of State

Current Principal Place of Business:

2325 16TH AVE NE
NAPLES, FL 34120

New Principal Place of Business:

2181 VARDIN PL
NAPLES, FL 34120

Current Mailing Address:

2325 16TH AVE NE
NAPLES, FL 34120

New Mailing Address:

2181 VARDIN PL
NAPLES, FL 34120

FEI Number: 26-1755769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, NEAL L
2325 16TH AVE NE
NAPLES, FL FL US

Name and Address of New Registered Agent:

JOHNSON, NEAL L
2181 VARDIN PL
NAPLES, FL FL 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:

02/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: JOHNSON, NEAL L
Address: 2325 16TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: JOHNSON, SARA J
Address: 2325 16TH AVE NE
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: JOHNSON, NEAL L
Address: 2181 VARDIN PL
City-St-Zip: NAPLES, FL 34120

Title: VP (X) Change () Addition
Name: JOHNSON, SARA J
Address: 2181 VARDIN PL
City-St-Zip: NAPLES, FL 34120

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: NEAL JOHNSON

PRES

02/28/2009

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