

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100107

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** TWIN ROCKS II, LLC

**Current Principal Place of Business:**

154 LAWN AVENUE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1389  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 26-4376612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVENPORT, GARY B  
77 SARAGOSSA  
ST AUGUSTINE, FL 32084 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: MGRM  
Name: KILLEBREW, JESSE P  
Address: 154 LAWN AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM  
Name: KILLEBREW, JASON  
Address: 154 LAWN AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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: JESSE KILLEBREW

MGR

04/22/2010

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