

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110572

FILED
Feb 25, 2009
Secretary of State

Entity Name: TWIN OAKS WASHINGTON FARM, LLC

Current Principal Place of Business:

8000 HEALTH CENTER BOULEVARD
SUITE 300
BONITA SPRINGS, FL 34135 46

Current Mailing Address:

8000 HEALTH CENTER BOULEVARD
SUITE 300
BONITA SPRINGS, FL 34135 46

New Principal Place of Business:

8000 HEALTH CENTER BOULEVARD
SUITE 300
BONITA SPRINGS, FL 34135 US

New Mailing Address:

8000 HEALTH CENTER BOULEVARD
SUITE 300
BONITA SPRINGS, FL 34135 US

FEI Number: 26-4004569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMiami TRAIL NORTH
SUITE 400
NAPLES, FL 34103 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: MGR () Delete
Name: LAUFER, WAYNE L
Address: 4989 JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957 46

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAUFER, WAYNE L
Address: 4989 JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957 US

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: WAYNE L LAUFER

MGR

02/25/2009

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