

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110572

Entity Name: TWIN OAKS WASHINGTON FARM, LLC

FILED  
Feb 25, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**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