

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133855

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** TWIN PONDS AT RIDGE ROAD, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

7920 U.S. HWY 19  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

7920 U.S. HWY 19  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

BELL, DAVID  
4711 WEST CLEAR AVENUE  
TAMPA, FL 33629 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: COULTER, WAYNE R  
Address: 7920 U.S. HWY 19  
City-St-Zip: PORT RICHEY, FL 34668

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: WAYNE R. COULTER                      MGRM                      04/26/2012

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