

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002316

1. Entity Name
TWELVE OAKS WATERS, L.C.



Principal Place of Business
3641 W. KENNEDY BLVD., STE. A
TAMPA, FL 33609

Mailing Address
3641 W. KENNEDY BLVD., STE. A
TAMPA, FL 33609



04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3540856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD., STE 700
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AR JOY OF TAMPA, INC.
STREET ADDRESS	3641 N. KENNEDY BLVD., SUITE A
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	FOURSOME PROPERTIES, INC.
STREET ADDRESS	3641 W. KENNEDY BLVD., STE. A
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	PALS PROPERTIES, L.P.
STREET ADDRESS	ONE OXFORD CENTRE, 34TH FLOOR
CITY-ST-ZIP	PITTSBURGH, PA 15219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000516097
04/29/06-80237-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CLIFF LESTY

4/12/06

Date

(813) 353-2211

Daytime Phone #