

**.2001 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

0017949 AF

DOCUMENT # **L99000006683**

1. Entity Name  
**TWIN CACTUS MANAGEMENT, LLC**

01 APR 26 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3903 NORTHDAL BLVD., SUITE 150E  
TAMPA FL 33624**

Mailing Address  
**3903 NORTHDAL BLVD., SUITE 150E  
TAMPA FL 33624**



2. Principal Place of Business  
**3421 N Lakewood Dr**

3. Mailing Address  
**3421 N Lakewood Dr**

Suite, Apt. #, etc.  
**Suite #168**

Suite, Apt. #, etc.  
**Suite #168**

City & State  
**Tampa FL**

City & State  
**Tampa FL**

Zip  
**33618**

Country  
**U.S.A.**

Zip  
**33618**

Country  
**U.S.A.**

4. FEI Number **59-3604367**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SEXTON, WANDA  
5620 E. FOWLER AVENUE, SUITE 7  
TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3421 N. Lakewood Drive  
Suite #168  
City Tampa FL Zip Code 33618**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DELASIN, CRAIG 2903 NORTHDAL BLVD. TAMPA FL 33624</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3421 N. Lakewood Dr suite 168 Tampa FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800004191188--6</b> <b>05/09/01 01096 013</b> <b>*****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Craig Delasin** 4/19/01 87-285-395T  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)