

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M06000005665

1. Entity Name

TWIGLAND MANAGEMENT, L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 31 AM 9:47

Principal Place of Business	Mailing Address		
12460 NETWORK BLVD., #106 SAN ANTONIO TX 78249	12460 NETWORK BLVD., #106 SAN ANTONIO TX 78249		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number	Applied For
74-3009604	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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 signature required when restating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WON, JOHN		NAME	
STREET ADDRESS	12460 NETWORK BLVD., #106		STREET ADDRESS	
CITY ST ZIP	SAN ANTONIO TX 78249		CITY ST ZIP	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				900087502439
				02/06/07-01046--017 **\$50.00
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #