

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003346

Entity Name: TWIN PALMS, LLC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

602 STEED ROAD  
SUITE 100  
RIDGELAND, MS 39157

**New Principal Place of Business:**

**Current Mailing Address:**

602 STEED ROAD  
SUITE 100  
RIDGELAND, MS 39157

**New Mailing Address:**

FEI Number: 20-8912772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARCLAY, GLENN  
1597 WOODLAWN WAY  
GULF BREEZE, FL 32563 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  
Name: HEIDELBERG, KELTON M  
Address: 602 STEED ROAD, SUITE 100  
City-St-Zip: RIDGELAND, MS 39157

Title: RA  
Name: MITCHELL, THOMAS M  
Address: 602 STEED ROAD, SUITE 100  
City-St-Zip: RIDGELAND, MS 39157

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: THOMAS M. MITCHELL

RA

04/18/2011

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