

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000007176

1. Entity Name
EDWARDS TWINSTAR, LLC



Principal Place of Business
**5529 PENNOCK POINT ROAD
JUPITER, FL 33458**

Mailing Address
**5529 PENNOCK POINT ROAD
JUPITER, FL 33458**



05112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-1523395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MEINERS, LOUIS M JR
3073 HORSESHOE DRIVE SOUTH, SUITE 210
NAPLES, FL 34104**

**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 signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT A. EDWARDS, MD AND ASSOCIATES, P.A. 5529 PENNOCK POINT ROAD JUPITER, FL 33458
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06/04/08-80063-002 543.75

**DO NOT WRITE
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

Date

Daytime Phone #

5/8/08 910 4302678