2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AN Secretary of State

ANNUAL KEPUKI					Apr 30, 2007 00:00 F			
DOCUMENT # M51116 1. Entity Name					Se	ecretary	of State	
TWIN LAI	KES RESORT AND COUNTR	Y CLUB II, INC.		;				
Principal Place		Mailing Address]				
KISSIMMEE, I	E OF THE STARS FL 34746 US	5000 AVENUE OF THE STARS KISSIMMEE, FL 34746 US						
					<u> </u>		3 \$ 11	
_	O NOT WOITE	CE.	04262007 No Chg-P CR2E034 (11/05)					
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 59-286		 +	Applied For Not Applicable	
					of Status Desired	□ \$8.75 A	dditional	
	6. Name and Address of Current Re	gistered Agent		<u></u>				
MEYERS, HILLEL 5000 AVENUE OF THE STARS			DO NOT WRITE					
KISSIMMEE, FL 34746			IN THIS SPACE					
			[*1.4		·		
	named entity submits this statement for the	e purpose of changing its register	ed office or registe	ered agent, or bo	th, in the State of Flo	vida. I am familiar wi	th, and accept	
	ions of registered agent.					,		
SIGNATURE'	Signature, typed or printed name of registered agent and	ed Agent signature require	re required when reinstating) DATE					
e FIL	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	ncing \$5	5.00 May Be ded to Fees					
10.	OFFICERS AND DI	<u> </u>		<u></u>				
TITLE NAME	MEYERS, HILLEL							
STREET ADDRESS CITY+ST-ZIP	4875 PINETREE DR. MIAMI, FL 33140		Į.				•	
TITLE	VD		-		U000000	746300		
NAME STREET ADDRESS	MEYERS, JENNIFER L 4875 PINETREE DR.				05/16/07-8	30064-012 1	50.00	
CITY-ST-ZIP	MIAMI, FL 33140		4				•	
TITLE NAME							İ	
STREET ADDRESS				DO	NOT W	RITE		
CITY+ST-ZIP TITLE			-					
NAME			1	IIN	THIS SF	AUE		
STREET ADDRESS CITY-ST-ZIP			,					

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Will Mys Fres President H; LLEL HEYELS 4/2-6/07 407-997-80.
SCHATURE AND TYPEYOR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daylore Proce #