

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000211

1. Entity Name
TWIN OAKS POLO, LLC



Principal Place of Business
SUITE 600 KRYSTAL BUILDING
CHATTANOOGA, TN 37402

Mailing Address
SUITE 600 KRYSTAL BUILDING
CHATTANOOGA, TN 37402



01102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1763353

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CUZZORT, PAMALA K
SUITE 600 KRYSTAL BUILDING
CHATTANOOGA, TN 37402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHNSTON, S.K. III
SUITE 600 KRYSTAL BUILDING
CHATTANOOGA, TN 37402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/14/05-80007-001 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Pamala K. Cuzzort Pamala K. Cuzzort 1/10/05 423-756-1202