2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000009890 .

TURTON REFERRAL SOUTH, LLC

FILED Feb 13, 2004 08:00 AM Secretary of State

Principal Place of Business 2204 BRIDGE AVENUE PT PLEASANT, NJ 08742 Mailing Address 2204 BRIDGE AVENUE PT PLEASANT, NJ 08742



02062004 No Chg-LLC

CR2E083 (10/03)

Fee Required

5. Certificate of Status Desired	\$5.00	Additional
22-3750939		Not Applicable
4. FEI Number	L	Applied For

6. Name and Address of Current Registered Agent

DO	NOT	WRITE
IN T	THIS	SPACE

	DIANE I ROAD, UNIT 402 'A, FL 33469	DO NOT WRITE IN THIS SPACE
	tions of registered agent.	pling its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida. It am familiar with, and accept the state of Florida.
Fi D	iling Fee is \$50.00 ue by May 1, 2004	U00000050299 02/16/04-80003-024-50.00
9. TOTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM TURTON, DIANE S 50 BEACH ROAD, UNIT 402 TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	
11. Thereby of indicated limited lies	certify that the Information supplied with this filling does not que on this report is true and accurate and that my signature shall billity company or the laccular or truetee among the discourse	ally for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information in have the same legal effect as if made under calls; that I am a managing member or manager of the tables for the calls.

SIGNATURE:

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