


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90049 039 ****50.00

DOCUMENT # L94000000089

1. Entity Name
TURNKEY REAL ESTATE INVESTMENTS, L.C.



Principal Place of Business 416 FLEMING ST STE A KEY WEST, FL 33040	Mailing Address 416 FLEMING ST STE A KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0416554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HETTINGER, JAMES
 416 FLEMING ST
 STE A
 KEY WEST, FL 33040**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HETTINGER, JAMES 416 FLEMING ST KEY WEST, FL 33040
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Volberta Bruce* **Managing Agent** *4/17/05* **305.292.9508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #