

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90011 032 ****50.00

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03162008 Chg-LLC CR2E083 (11/05)

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			
2. Principal Place of Business 905 Truman Ave.		3. Mailing Address 905 Truman Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Key West, FL		City & State Key West, FL		4. FEI Number 65-0416554	
Zip 33040		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country U.S.		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HETTINGER, JAMES 416 FLEMING ST STE A KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Hettinger, James Street Address (P.O. Box Number is Not Acceptable) 905 Truman Ave. City Key West FL Zip Code 33040		
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 <i>James Hettinger</i> JAMES HETTINGER			DATE 3/23/06		
Filing Fee is \$50.00 Due by May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HETTINGER, JAMES 416 FLEMING ST KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 905 Truman Ave. Key West, FL 33040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>James Hettinger</i>			DATE: 3/23/2006		DAYTIME PHONE #: 919 345 8413