

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025014

FILED
Mar 10, 2007
Secretary of State

Entity Name: TURNBERRY VILLAGE - 1010, LLC

Current Principal Place of Business:

1171CHENILLE ST.
WESTON, FL 33327 US

New Principal Place of Business:

1171 CHENILLE CIR
WESTON, FL 33327 US

Current Mailing Address:

1171CHENILLE ST.
WESTON, FL 33327 US

New Mailing Address:

1171 CHENILLE CIR
WESTON, FL 33327 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDRAZA, CARLOS
1171 CHENILLE ST.
WESTON, FL 33327 US

Name and Address of New Registered Agent:

PEDRAZA, CARLOS E
1171 CHENILLE CIR
WESTON, FL 33327 US

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.

SIGNATURE: CARLOS E PEDRAZA

03/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTIERREZ, GUILLERMO
Address: 1171 CHENILLE ST
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: PEDRAZA, MARIA A
Address: 1171 CHENILLE ST
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUTIERREZ, GUILLERMO
Address: 1171 CHENILLE CIR
City-St-Zip: WESTON, FL 33327 US

Title: MGRM (X) Change () Addition
Name: PEDRAZA, MARIA A
Address: 1171 CHENILLE CIR
City-St-Zip: WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS E PEDRAZA

RA

03/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date