

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**DOCUMENT # A01000000649**  
1. Entity Name  
TURNER FAMILY HOLDINGS, LTD.



**FILED**  
APR -1 AM 9:21

Principal Place of Business  
215 SOUTH MONROE STREET, SUITE 400  
TALLAHASSEE, FL 32301

Mailing Address  
P.O. BOX 10261  
TALLAHASSEE, FL 32302

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

03312008 No Chg-LP      CR2E003 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3714920                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

TURNER, M. STEPHEN  
215 SOUTH MONROE STREET, SUITE 400  
TALLAHASSEE, FL 32301

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

|                 |                                    |
|-----------------|------------------------------------|
| DOCUMENT #      | L02000029239                       |
| NAME            | TURNER FAMILY HOLDINGS, LLC        |
| STREET ADDRESS  | 215 SOUTH MONROE STREET, SUITE 400 |
| CITY - ST - ZIP | TALLAHASSEE, FL 32301              |
| DOCUMENT #      |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| DOCUMENT #      |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| DOCUMENT #      |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |

*JSK*

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04/02/08--01003--006 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *M. Stephen Turner* M. Stephen Turner 3/31/08 850-681-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date      Daytime Phone #