


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000002061		
1. Entity Name TURNBULL FARMS, LLLP		

Principal Place of Business 3884 GRANTLINE RD. MIMS, FL 32754	Mailing Address PO BOX 589 MIMS, FL 32754
---	---

DO NOT WRITE IN THIS SPACE

FILED

2006 MAY -9 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-2048703	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent THOMPSON, JAMES E 3884 GRANTLINE RD MIMS, FL 32754

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	
NAME	THOMPSON, JAMES E
STREET ADDRESS	PO BOX 589
CITY-ST-ZIP	MIMS, FL 32754
DOCUMENT #	
NAME	Fortress Management Group Inc
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100074276841
05/09/06--01002--031 **\$500.00

DO NOT WRITE IN THIS SPACE

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: <u>James E. Thompson</u> James E. Thompson 4/25/06 321 403 3901	Date	Daytime Phone #
--	------	-----------------

STAPLE CHECK HERE