



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A04000002061</b>				 <b>FILED</b> 2007 APR -5 AM 9:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <b>TURNBULL FARMS, LLLP</b>					
Principal Place of Business <b>3884 GRANTLINE RD. MIMS FL 32754</b>		Mailing Address <b>PO BOX 589 MIMS FL 32754</b>			
2. Principal Place of Business - No P.O. Box # <b>5050 Dixie Way</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E003 (10/06)	
City & State <b>MIMS FL</b>		City & State		4. FEI Number <b>20-2048703</b>	
Zip <b>32754</b>		Country		Applied For 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 <b>THOMPSON, JAMES E 3884 GRANTLINE RD MIMS FL 32754</b>				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				<b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000089244			STREET ADDRESS	
NAME	FORTRESS MANAGEMENT GROUP, INC			CITY - ST - ZIP	
STREET ADDRESS	PO BOX 589				
CITY - ST - ZIP	MIMS FL 32754				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
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STREET ADDRESS					
CITY - ST - ZIP					
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> General Partner				3/21/07 321 403 3901	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE