

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A04000002061

1. Entity Name
TURNBULL FARMS, LLLP



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 12:26

Principal Place of Business
**5050 DIXIE WAY
MIMS, FL 32754**

Mailing Address
**PO BOX 589
MIMS, FL 32754**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072008

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

20-2048703

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, JAMES E
3884 GRANTLINE RD
MIMS, FL 32754**

Name

Thompson, James E

Street Address (P.O. Box Number is Not Acceptable)

5050 DIXIE WAY

City

MIMS

FL

Zip Code

32754

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 *James E. Thompson* **James E. Thompson** **4/22/08**

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000089244**
NAME **FORTRESS MANAGEMENT GROUP, INC**
STREET ADDRESS **PO BOX 589**
CITY-ST-ZIP **MIMS, FL 32754**

STREET ADDRESS

CITY-ST-ZIP

800128114798
05/01/08 01034 013 **500.00

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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: *James E. Thompson* **James E. Thompson**

4/22/08

321 403 3901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE