2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # A31977 1. Entity Name TURNER INVESTMENTS, LTD.			Secretary of State
Principal Place of Business 3333 DUNDEE ROAD WINTER HAVEN, FL 33880	Mailing Address PO BOX 7311 WINTER HAVEN, FL 338	83-7311	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	st. #, etc. Suite, Apt #, etc.		02092005 Chg-LP CR2E003 (10/03)
City & State	City & State		4. FEI Number Applied For 59-3083590 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent
TURNER, MARK G _ 255 MAGNOLIA AVENUE, S.W. WINTER HAVEN, FL 33880		Street Address	(P.O. Box Number is Not Acceptable)
S. The shows remark on the submitter (hip of stormant for	r the surpose of pharatra do m	City	FL 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 Signature, typed or printed name of registered agent and tille if applicable DATE			
9. Capital Contributions as Shown on record. \$1,980,000.00 in FLORIDA to date.			
A GENERAL PARTNER THÂT 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 PARTNE 000UMENT# P99000056752	RINFORMATION	13.	ADDRESS CHANGES ONLY
NAME TURNER MANAGEMENT SERVICES CORPORATION STREET ADDRESS 304 LOCHEN CIRCLE, SOUTHEAST		STREET ADDRESS CITY+SI-ZIP	
DOCUMENT # WINTER HAVEN, FL 33884370	<u> </u>		
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	898888314282 04/18/05-80158-025 526.25
DOCUMENT #		STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MARK G. TURNER 2 /23 /2005 (863) 293-1184			
signature and typed on Printed Name of Signing General Partner Date Dayling Prints A Date Dayling Prints A Date Dayling Prints A			