2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2005
Secretary of State

DOCUMENT# L00000000298

Entity Name: THE TURNER GROUP OF FLORIDA, LLC

Current Principal Place of Business:

1270 N. WICKHAM RD. #7
MELBOURNE, FL 32935

New Principal Place of Business:

3816 MURRELL RD.
ROCKLEDGE, FL 32955

Current Mailing Address:

3816 MURRELL RD
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3616086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TURNER, KIMBERLY
3816 MURRELL RD
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TURNER, KIMBERLY
Address: 1270 N. WICKHAM RD. #7
City-St-Zip: MELBOURNE, FL 32935

Title: MGR ( ) Delete
Name: TURNER, DARYL
Address: 1270 N. WICKHAM RD. #7
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TURNER, KIMBERLY
Address: 3816 MURRELL RD
City-St-Zip: ROCKLEDGE, FL 32935

Title: MGR (X) Change ( ) Addition
Name: TURNER, DARYL
Address: 3816 MURRELL RD
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIMBERLY TURNER MGR 08/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date