

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002773

1. Entity Name
SYNTHETIC TURF INTERNATIONAL, LLC



Principal Place of Business

**C/O M. CAMPBELL
506-508 COMMERCE WAY
JUPITER, FL 33458 US**

Mailing Address

**C/O M. CAMPBELL
506-508 COMMERCE WAY
JUPITER, FL 33458 US**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0983475

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, MARVELLA S TREAS
243 RIVER DRIVE
TEQUESTA, FL 33469**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMPBELL, WILLIAM E PRES
243 RIVER DRIVE
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MURPHY, JOHN J CHAIRMAN
5500 PRESTON RD
DALLAS, TX 75225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMPBELL, MARVELLA S TREAS
243 RIVER DRIVE
TEQUESTA, FL 33469**

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

U000000194684
01/25/05-80111-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/13/05

Date

Daytime Phone #

561743 8512

MARVELLA S CAMPBELL, Treas.