

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004591

FILED
May 02, 2006
Secretary of State

Entity Name: TURN KEY GROUP DEVELOPMENT, L.L.C.

Current Principal Place of Business:

323 PAGE BACON ROAD, SUITE 17
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

323 PAGE BACON ROAD, SUITE 17
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 59-3680644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

MCMICHAEL, GARY
323 PAGE BACON ROAD, SUITE 17
MARY ESTHER, FL 32569 US

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: PD () Delete
Name: MCMICHAEL, GARY
Address: 323 PAGE BACON ROAD, SUITE 17
City-St-Zip: MARY ESTHER, FL 32569

Title: ST () Delete
Name: MCMICHAEL, LISA
Address: 304 SE BROOKS ST
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MCMICHAEL, LISA
Address: 311 ANGELA LANE
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARY W. MCMICHAEL

PD

05/02/2006

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