

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014824

Entity Name: TOURTURF HOLDING, LLC

FILED  
May 23, 2005  
Secretary of State

## Current Principal Place of Business:

5150 PALM VALLEY RD., SUITE 102  
PONTE VEDRA, FL 32082

## New Principal Place of Business:

1548 THE GREENS WAY  
SUITE 1  
JACKSONVILLE BEACH, FL 32250

## Current Mailing Address:

5150 PALM VALLEY RD., SUITE 102  
PONTE VEDRA, FL 32082

## New Mailing Address:

1548 THE GREENS WAY  
SUITE 1  
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3684764      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:

LEMASTER, JOSH  
5004 BUTTONWOOD DR.  
PONTE VEDRA BEACH, FL 32082      US

## Name and Address of New Registered Agent:

LEMASTER, JOSH  
1548 THE GREENS WAY  
SUITE 1  
JACKSONVILLE BEACH, FL 32250      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:

05/23/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: LEMASTER, JOSH P  
Address: 5150 PALM VALLEY RD., SUITE 102  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete  
Name: DANIEL, JOHN M JR.  
Address: 5150 PALM VALLEY RD., SUITE 102  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM (X) Delete  
Name: STARKS, MICHAEL L  
Address: 5150 PALM VALLEY RD., SUITE 102  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM (X) Delete  
Name: FAMMARTINO, KEITH  
Address: 5150 PALM VALLEY RD., SUITE 102  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEMASTER, JOSH P  
Address: 1548 THE GREENS WAY, SUITE 1  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM (X) Change ( ) Addition  
Name: GREENTURF, LLC,  
Address: TEN SOUTH ST  
City-St-Zip: LITCHFIELD, CT 06759

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

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

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: JOSH LEMASTER

MGRM

05/23/2005

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