

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90011 041 ****50.00

DOCUMENT # L01000021594

1. Entity Name

TURNING POINT PROPERTIES, L.L.C.



Principal Place of Business

608 HARBOR DRIVE STREET
VENICE FL 34285

Mailing Address

PO BOX 21752
SARASOTA FL 34276



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

608 Harbor Drive South

3. Mailing Address

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Zip

34285

Country

USA

Zip

Country

4. FEI Number

30-0068331

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZEIGLER, KEVIN
608 HARBOR DRIVE SOUTH
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR
ZEIGLER, KEVIN
608 HARBOR DRIVE SOUTH
VENICE FL 34285

☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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)
SIGNATURE REQUIRED

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

3/10/03 (941) 420-6760

Date

Daytime Phone #

CR2E083 (10/02)