

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022194

FILED
Apr 27, 2006
Secretary of State

Entity Name: TURNKEY MANAGEMENT GROUP, L.L.C.

Current Principal Place of Business:

6421 CONGRESS AVE STE 105
BOCA RATON, FL 33487

New Principal Place of Business:

10460 ROOSEVELT BLVD.
252
ST. PETERSBURG, FL 33716

Current Mailing Address:

6421 CONGRESS AVE STE 105
BOCA RATON, FL 33487

New Mailing Address:

10460 ROOSEVELT BLVD.
252
ST. PETERSBURG, FL 33716

FEI Number: 80-0022970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL
6421 CONGRESS AVE STE 105
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SAMUELS, TODD S
10460 ROOSEVELT BLVD.
252
ST. PETERSBURG, FL 33716 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: TODD SAMUELS

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAMUELS, TODD
Address: 10460 ROOSEVELT BLVD., #252
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR (X) Delete
Name: JOHNSON, MICHAEL
Address: 6421 CONGRESS AVE STE 105
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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 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: TODD SAMUELS

MGR

04/27/2006

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