

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90298 004 \*\*\*\*55.00

**DOCUMENT # L02000002393**

1. Entity Name  
**TURNOVER INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**623 SARITA STREET**      **623 SARITA STREET**  
**SANFORD, FL 32773**      **SANFORD, FL 32773**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03012006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**37-1522621**      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DOYLE, JAMES M**  
**31405 SR 46**  
**SORRENTO, FL 32776**

**7. Name and Address of New Registered Agent**

Name      *Address Change*  
Street Address (P.O. Box Number is Not Acceptable)      *764 Silversmith Circle*  
City      *Lake Mary, FL*      Zip Code      *32746*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	DOYLE, JAMES M	31405 SR 46	SORRENTO, FL 32776	<input type="checkbox"/>
MGRM	TROMBETTI, NATHAN	2367 ENTERPRISE OSTEEN ROAD	DELTONA, FL 32738	<input type="checkbox"/>
MGRM	LINN, CHAD	2138 TORTOISE SHELL DR.	MAITLAND, FL 32751	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>764 Silversmith Circle</i>	<i>Lake Mary, FL 32746</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>8595 Upper Park Road</i>	<i>Orlando, FL 32814</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *James M Doyle*      **7-8-06**      **407-302-2172**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

60010447

