

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002393

1. Entity Name  
TURNOVER INVESTMENTS, LLC



**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

Principal Place of Business

623 SARITA STREET  
SANFORD, FL 32773

Mailing Address

623 SARITA STREET  
SANFORD, FL 32773



02212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1522621

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

DOYLE, JAMES M  
764 SILBVERSMITH CIRCLE  
LAKE MARY, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, JAMES M 764 SILVERSMITH CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROMBETTI, NATHAN 2367 ENTERPRISE OSTEEN ROAD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, CHAD 2595 UPPER PARK ROAD ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000682901  
04/05/07-80021-016 55.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

8-27-07 407-221-4956

Date

Daytime Phone #