2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014258

1. Entity Name

TURNPIKE TRANSFER, LLC



FILED Apr 13, 2005 08:00 AM Secretary of State

Principal Place of Business

16990 NW 97TH AVE.

Mailing Address

P.O. BOX 5645 HIALEAH, FL 33014



DO NOT WRITE IN THIS SPACE

04102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0729103

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY R ESQ. 297 SUNNY ISLES BLVD. SUNNY ISLES BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
F) D	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUER, ALBERT E P.O. BOX 5645 HIALEAH, FL 33014		U00000302 74 1 04/13/05-80084-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE

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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JRE: About E. Fu.

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

04/09/05

(786) 367-1680

Daytime Phone #