


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JAN -4 PM 1:51 SECRETARY OF STATE TALLAHASSEE FLORIDA M. HODGES CR2E041 (8/05) 114	
DOCUMENT # L02000627793					
1. Limited Liability Company's Name TURNBULL VILLAS INVESTORS LLC 2600 TURNBULL ESTATES DRIVE NEW SMYRNA BEACH, FL 32168					
2. Principal Office Address 2600 TURNBULL ESTATES DRIVE		3. Mailing Office Address SAME		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/21/2002	
City & State NEW SMYRNA BEACH, FL		City & State		6. FEI Number 20-3909946 Applied For Not Applicable	
Zip 32168	Country USA	Zip	Country	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name STORCH, GLENN E. ESQ.					
Street Address (P.O. Box Number is Not Acceptable) 420 SOUTH NOVA ROAD					
Suite, Apt. #, Etc.					
City DAYTONA BEACH					
State FL					
Zip Code 32114					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent [Signature] Date 12-21-05					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
Managing MEMBER	CONWAY C. BROUN	1020 BARBER CREEK DR STE 202		WATKINSVILLE, GA 30677	
Managing MEMBER	JAMES D. DEELEY	2600 TURNBULL ESTATES DRIVE		NEW SMYRNA BEACH, FL 32168	
REINSTATEMENT 2003-2004 2005-					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
Signature of Managing Member/Manager [Signature] Date 1/3/06 Daytime Phone # 386 566-2228					
Typed or printed name of signing Managing Member/Manager					