

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000029134	
1. Entity Name TURNPIKE HOME LLC	



Principal Place of Business 3450 WEST 84 STREET STE 201 HIALEAH, FL 33018	Mailing Address 3450 WEST 84 STREET STE 201 HIALEAH, FL 33018
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01062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0501934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAVERAN, NELSON 3450 WEST 84 STREET STE 201 HIALEAH, FL 33018

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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, NELSON 3450 WEST 84 STREET STE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, I. CRISTINA 3450 WEST 84 STREET STE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, JEANNIE M 3450 WEST 84 STREET STE 201 HIALEAH, FL 33018
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<p>U000000190522 01/24/05-80138-004 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **1/17/05** **305-557-1253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #