2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000029134

1. Entity Name
TURNPIKE HOME LLC

Principal Place of Business	Mailing Address
3450 WEST 84 STREET STE 201 HIALEAH, FL 33018	3450 WEST 84 STREET STE 201 HIALEAH, FL 33018

01102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0501934
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVERAN, NELSON
3450 WEST 84 STREET STE 201
HIALEAH, FL 33018

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRAVERAN, NELSON
STREET ADDRESS	3450 WEST 84 STREET STE 201
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	MGR
NAME	GRAVERAN, I. CRISTINA
STREET ADDRESS	3450 WEST 84 STREET STE 201
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	MGR
NAME	GRAVERAN, JEANNIE M
STREET ADDRESS	3450 WEST 84 STREET STE 201
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80077-003 50.00

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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: _____ 1/12/06 305-557-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #