

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029134

Entity Name: TURNPIKE HOME LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

3450 WEST 84 STREET STE 201
HIALEAH, FL 33018

New Principal Place of Business:

3450 WEST 84 STREET
SUITE 201
HIALEAH, FL 33018

Current Mailing Address:

3450 WEST 84 STREET STE 201
HIALEAH, FL 33018

New Mailing Address:

3450 WEST 84 STREET
SUITE 201
HIALEAH, FL 33018

FEI Number: 45-0501934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAVERAN, NELSON
Address: 3450 WEST 84 STREET STE 201
City-St-Zip: HIALEAH, FL 33018

Title: MGR () Delete
Name: GRAVERAN, I. CRISTINA
Address: 3450 WEST 84 STREET STE 201
City-St-Zip: HIALEAH, FL 33018

Title: MGR () Delete
Name: GRAVERAN, JEANNIE M
Address: 3450 WEST 84 STREET STE 201
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NELSON GRAVERAN

MGR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date