


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # LC2000029239 1. Entity Name TURNER FAMILY HOLDINGS, LLC	
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Principal Place of Business 215 SOUTH MONROE STREET, STE. 400 TALLAHASSEE, FL 32301	Mailing Address PO BOX 10261 TALLAHASSEE, FL 32302
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1854035	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TURNER, M. STEPHEN
 215 SOUTH MONROE STREET, STE. 400
 TALLAHASSEE, FL 32301**

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  **M. Stephen Turner** 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, 2004**

000000097302
 03/26/04-80033-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURNER, STEPHEN M 215 S MONROE ST., STE 400 TALLAHASSEE, FL 32301
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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)(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 609, Florida Statutes.

SIGNATURE:  **M. Stephen Turner** 1-14-04 850-681-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #