


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029239**


1. Entity Name  
 TURNER FAMILY HOLDINGS, LLC



Principal Place of Business: 215 SOUTH MONROE STREET, STE. 400 TALLAHASSEE, FL 32301

Mailing Address: PO BOX 10261 TALLAHASSEE, FL 32302

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1854035	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

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 \_\_\_\_\_ (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	MGRM TURNER, STEPHEN M 215 S MONROE ST., STE 400 TALLAHASSEE, FL 32301
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**DO NOT WRITE IN THIS SPACE**

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:  DATE: 2/15/05 DAYTIME PHONE #: (850) 681-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE