2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000029239

1. Entity Name
TURNER FAMILY HOLDINGS, LLC

Principal Place of Business	Mailing Address
215 SOUTH MONROE STREET, STE. 400 TALLAHASSEE, FL 32301	PO BOX 10261 TALLAHASSEE, FL 32302

DO NOT WRITE IN THIS SPACE

FILED

07 MAR 13 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
14-1854035	Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____

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, 2007

600094504406
03/22/07--01015--003 **50.00

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

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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: _M. Stephen Turner_   3/13/07   850-681-6810

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