

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000029239
 1. Entity Name
 TURNER FAMILY HOLDINGS, LLC



FILED
 08 APR -1 AM 9:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

03312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 14-1854035	Applied For Not Applicable
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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

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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 04/02/08--01003--005 **138.75

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 M. Stephen Turner 4/1/08 850-681-6810
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #