


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002884
 1. Entity Name
TURNER-REED DEVELOPMENT, LLC



Principal Place of Business 255 MAGNOLIA AVENUE, SOUTHWEST WINTER HAVEN, FL 33880	Mailing Address % MARK TURNER P.O. BOX 2295 WINTER HAVEN, FL 33880
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01212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0674658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**TURNER, MARK G ESQUIRE
 255 MAGNOLIA AVENUE
 WINTER HAVEN, FL 33880**

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 REED BUILDERS GROUP, INC. 103 BURNS LANE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER INVESTMENTS, LTD. PO BOX 7311 WINTER HAVEN, FL 338837311
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 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: William S Reed William G. Reed 1/24/05 863 3259554
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #