

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 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**



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0674658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REED BUILDERS GROUP, INC.
STREET ADDRESS	103 BURNS LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	MGRM
NAME	TURNER INVESTMENTS, LTD.
STREET ADDRESS	PO BOX 7311
CITY-ST-ZIP	WINTER HAVEN, FL 338837311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/07-80034-021-50.00

**DO NOT WRITE
IN THIS SPACE**

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.

**MARK G. TURNER, President of Turner Management Services Corporation, General Partner
of Turner Investments, Ltd., a member**

SIGNATURE: _____

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

(863) 293-1184

Date **2/22/2007** Time Phone #