



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90062 002 ****55.00

DOCUMENT # L03000007668 1. Entity Name RICHARD TURNER, LLC					
Principal Place of Business 4547 EDGEWATER DRIVE ORLANDO, FL 32804 US				Mailing Address 4547 EDGEWATER DRIVE ORLANDO, FL 32804 US	
2. Principal Place of Business 1923 Brantley Circle Suite, Apt. #, etc.		3. Mailing Address 1923 Brantley Circle Suite, Apt. #, etc.			
City & State CLERMONT.		City & State CLERMONT.			
Zip 34711		Country Lake.			
Zip 34711		Country Lake.			
4. FEI Number 14-187-3627				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$500 Additional Fee Required				06272004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent TURNER, RICHARD 540 MAR NAN MAR PLACE CLERMONT, FL 34711					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 <u>Richard Turner</u> 09/07/04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		State check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, RICHARD 540 MAR NAN MAR PLACE CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Turner Richard 1923 Brantley Circle CLERMONT FL 34711
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(c), 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: <u>Richard Turner</u>				09/07/04 :3528747130	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	