


**1004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

9/8/2004-90002-027-\$50.00-\$50.00

DOCUMENT # L03000012456
1. Entity Name
NANETTE TURNER GST, L.L.C.



05 APR 25 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: ~~PO BOX 929~~
PO BOX 929
HANOVER, NH 03755

Mailing Address: ~~PO BOX 929~~
PO BOX 929
HANOVER, NH 03755



MOORE CR2E083 (4/04)

2. Principal Place of Business: **ARCADIA**
Suite, Apt. #: **HWY 31**
City & State: **ARCADIA, FL**
Zip: **34265** Country: **USA**

3. Mailing Address: **BOX 929**
Suite, Apt. #: **HANOVER**
City & State: **NH**
Zip: **03755** Country: **USA**

4. FEI Number: **"Applied For"** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGINNESS, W. LEE
1800 SECOND STREET, STE. 971
SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: *Barry Stevenson* DATE: **9/2/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES |
|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Bayne Stevenson P.O. BOX 929 Hanover, NH 03755 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100054221171 05/10/05--01074--002 **50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager David Stevenson 986 VT 15W Hyde Park, VT 05655 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

REINSTATEMENT

2004-2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barry Stevenson* Date: **Sept. 2, 2004** Daytime Phone #: **603-643-1882**

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

SECOND REQUEST