

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012456

FILED  
Aug 10, 2007  
Secretary of State

Entity Name: NANETTE TURNER GST, L.L.C.

**Current Principal Place of Business:**

ARCADIA  
HWY 31  
ARCADIA, FL 34265

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 929  
HANOVER, NH 03755

**New Mailing Address:**

986 VT 15 W  
HYDE PARK, VT 05655

FEI Number: 26-0690554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCGINNESS, W. LEE  
1800 SECOND STREET, STE. 971  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STEVENSON, BAYNE  
Address: PO BOX 929  
City-St-Zip: HANOVER, NH 03755

Title: MGR ( ) Delete  
Name: STEVENSON, DAVID  
Address: 986 VT 15W  
City-St-Zip: HYDE PARK, VT 05655

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID STEVENSON

MGR

08/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date