


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90047 004 \*\*\*\*55.00

DOCUMENT # L03000013648		
1. Entity Name TURNURE FLORIDA PROPERTIES, L.L.C.		

Principal Place of Business 8400 VAMO RD. #252 SARASOTA, FL 34231	Mailing Address 8400 VAMO RD. #252 SARASOTA, FL 34231
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2. Principal Place of Business <b>4015 CASEY KEY RD</b>	3. Mailing Address <b>134 READE STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SUITE TWO</b>
City & State <b>NOKOMIS, FL</b>	City & State <b>NEW YORK, NY</b>
Zip <b>USA</b>	Zip <b>10013</b>
Country <b>USA</b>	Country <b>USA</b>

**24054143**



04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>81-0614063</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MCGINNESS, W. LEE</b> <b>1800 SECOND ST., STE. 971</b> <b>SARASOTA, FL 34236</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
State <b>FL</b> 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

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, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>RICHARD TURNURE</b> <b>134 READE ST #2</b> <b>NEW YORK, NY 10013</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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:

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

**4/20/04**

Date

**917-502-0806**

Daytime Phone #