

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90006 046 \*\*\*\*50.00



**DOCUMENT # L03000013648**

1. Entity Name  
 TURNURE FLORIDA PROPERTIES, L.L.C.

Principal Place of Business: 4015 CASEY KEY RD, NOKOMIS FL  
 Mailing Address: 134 READE STREET, SUITE TWO, NEW YORK NY 10013



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: 300 EAST 39th St, Apt 8C  
 City & State: NEW YORK NY  
 Zip: 10016, Country: USA

1st MOORE CR2E083 (10/05)  
 4. FEI Number: 81-0614063  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCGINNESS, W. LEE  
 1800 SECOND ST., 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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006.**

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: TURNURE, RICHARD STREET ADDRESS: 134 READE ST #2 CITY-ST-ZIP: NEW YORK NY 10013	<input type="checkbox"/> Delete
TITLE: MGRM NAME: BARBARA, TURNURE STREET ADDRESS: 1 GAY STREET CITY-ST-ZIP: SHARON CT 06069	<input type="checkbox"/> Delete
TITLE: MGRM NAME: VIRGINIA, MORGAN STREET ADDRESS: 1577 OLD MANCHESTER RD CITY-ST-ZIP: PERU VT 05152	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: TURNURE, RICHARD STREET ADDRESS: 300 E. 39th St. ; Apt. 8C CITY-ST-ZIP: New York, NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: 4/8/06 917 502 0806  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #