


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.
 City & State
 Zip

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

1st MOORE CR2E083 (10/05)

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

4. FEI Number
81-0614063

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

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 _____ (NOTE: Registered Agent signature required when reinstating)
 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNURE, RICHARD 134 READE ST #2 NEW YORK NY 10013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBARA, TURNURE 1 GAY STREET SHARON CT 06069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIRGINIA, MORGAN 1577 OLD MANCHESTER RD 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNURE, RICHARD 300 E. 39th St. ; Apt. 8C 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 #