

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90256 004 ***138.75

DOCUMENT # L03000013648

1. Entity Name

TURNURE FLORIDA PROPERTIES, L.L.C.



Principal Place of Business

4015 CASEY KEY RD
NOKOMIS FL

Mailing Address

300 E 39TH ST
APT 8 C
NEW YORK NY 10016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7350 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

188

City & State

City & State

Sarasota, FL

Zip

Country

Zip

34231

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

81-0614063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME TURNURE, RICHARD
STREET ADDRESS 300 E 39TH ST, APT 8 C
CITY- ST- ZIP NEW YORK NY 10016

TITLE MGRM ☒ Change ☐ Addition
NAME TURNURE, RICHARD
STREET ADDRESS 255 HUDSON ST, #TH1
CITY- ST- ZIP NEW YORK, NY 10013

TITLE MGRM ☐ Delete
NAME BARBARA, TURNURE
STREET ADDRESS 1 GAY STREET
CITY- ST- ZIP SHARON CT 06069

TITLE MGRM ☒ Change ☐ Addition
NAME TURNURE, BARBARA
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME VIRGINIA, MORGAN
STREET ADDRESS 1577 OLD MANCHESTER RD
CITY- ST- ZIP PERU VT 05152

TITLE MGRM ☒ Change ☐ Addition
NAME MORGAN, VIRGINIA
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

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

Date

Daytime Phone #

4/28/08 (a12) 242-6940