
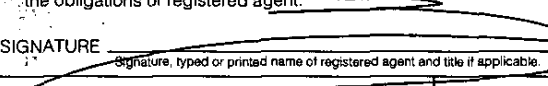


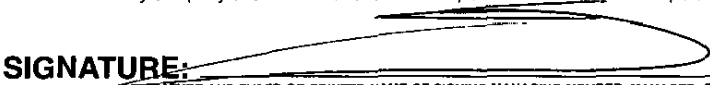
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90076 018 ****50.00

DOCUMENT # L03000015838 1. Entity Name THE TURNER LAW FIRM, L.L.C.					
Principal Place of Business 7380 MURRELL ROAD SUITE 103 MELBOURNE, FL 32940			Mailing Address 7380 MURRELL ROAD SUITE 103 MELBOURNE, FL 32940		
2. Principal Place of Business 7370 CABOT CT Suite, Apt. #, etc. SUITE 101 City & State Vienna, FL Zip 32940		3. Mailing Address 7370 CABOT CT. Suite, Apt. #, etc. SUITE 101 City & State Vienna, FL Zip 32940		Country U.S.A.	
4. FEI Number 33-1055637		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, SCOTT A 7380 MURRELL ROAD SUITE 103 MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7370 CABOT COURT SUITE 101 City Vienna FL Zip Code 32940		
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. Scott A. Turner (NOTE: Registered Agent signature required when reinstating)			
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 MGR NAME Scott A. Turner STREET ADDRESS 7370 CABOT CT, STE 101 CITY-ST-ZIP Vienna, FL 32940	<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:  **Scott A. Turner** **4/26/04** **321 255 5501**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #