

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90099 016 \*\*\*\*50.00

<b>DOCUMENT # L03000016047</b> 1. Entity Name <b>TURNKEY AUTO SALES &amp; SERVICE LLC</b>	
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Principal Place of Business <b>14030 PALM BEACH BLVD FT MYERS, FL 33905</b>	Mailing Address <b>14030 PALM BEACH BLVD FT MYERS, FL 33905</b>
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01142005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2107084</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>Cotner HYATT, TAMARA RENE 14030 PALM BEACH BLVD FT MYERS, FL 33905</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 <u><i>Cotner</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>4-1-05</u>

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COTNER, FREDERICK TROY 14030 PALM BEACH BLVD FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Cotner</i> HYATT, TAMARA RENE 14030 PALM BEACH BLVD FT MYERS, FL 33905
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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), 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. 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: <u><i>Cotner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>4-1-05</u> <u>239-229-2842</u> <small>Daytime Phone #</small>