

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90112 023 ****55.00

DOCUMENT # L03000018395					
1. Entity Name TURBULENT ENGINEERING, LLC					
Principal Place of Business 7317 N. DARTMOUTH AVENUE TAMPA, FL 33604			Mailing Address 7317 N. DARTMOUTH AVENUE TAMPA, FL 33604		
2. Principal Place of Business 19810 Rhea See Dr Suite, Apt. #, etc.		3. Mailing Address 19810 Rhea See Dr Suite, Apt. #, etc.			
City & State Lutz, Florida		City & State Lutz, Florida		4. FEI Number 56-2360155	
Zip 33548		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				01292005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GILMORE, JENNIFER 7317 N. DARTMOUTH AVENUE TAMPA, FL 33604			7. Name and Address of New Registered Agent Name: Jennifer Gilmore Street Address (P.O. Box Number is Not Acceptable): 19810 Rhea See Dr City: Lutz FL Zip Code: 33548		
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>Jennifer A. Gilmore</u> Registered Agent DATE: <u>01-26-2005</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2005.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME GILMORE, ERIC STREET ADDRESS 7317 N. DARTMOUTH AVENUE CITY-ST-ZIP TAMPA, FL 33604	<input type="checkbox"/> Delete		TITLE MGRM NAME Gilmore, Eric STREET ADDRESS 19810 Rhea See Dr CITY-ST-ZIP Lutz, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME GILMORE, SEAN STREET ADDRESS 7317 N. DARTMOUTH AVENUE CITY-ST-ZIP TAMPA, FL 33604	<input type="checkbox"/> Delete		TITLE MGRM NAME Gilmore, Sean STREET ADDRESS 19810 Rhea See Dr CITY-ST-ZIP Lutz, FL 33548	<input checked="" 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	
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	
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	
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: <u>SEAN P. GILMORE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>1/26/05</u>		Daytime Phone #: <u>813-949-3132</u>