2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM **Secretary of State** DOCUMENT # L03000024702 1. Entity Name LEM TURNER ROAD, LLC Principal Place of Business Mailing Address 5828 FT. SUMTER JACKSONVILLE FL 32210 5828 FT. SUMTER JACKSONVILLE FL 32210 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 73-1672816 Not Applicat Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARTER, JUDY R Street Address (P.O. Box Number is Not Acceptable) 5282 FT SUMTER JACKSONVILLE FL 32210 Zip Code City FL 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 access the obligations of registered agent. SIGNATURE Sign-ture, typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when remutating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Q. □ Mill MGRM Change TOTE ☐ Delete T133 F NAME CARTER, JUDY NAME STREET ADDRESS STREET ADDRESS 5282 FT SUMTER CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP Atre. Change TITLE ☐ Deleje TITLE U00000412204 02/10/06-80039-003 50.00 NAME NAME STREET ADDRESS STREET AGBRESS City-St-zip CITY-ST-ZIE ☐ Delete TITLE Change Addition: BILL NAME STREET ADDRESS STREET AUDRESS CITY-St-ZIP CITY-SI-ZIP ☐ Change TITLE Oelele TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP TITLE ☐ Detete 1171.E Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 717).6 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-2IP

11. I hereby certify that the information supplied with this filling 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 ath a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

FILED