

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90025 023 ****50.00



DOCUMENT # L03000032548

1. Entity Name

TURNBULL BAY REAL ESTATE, LLC

Principal Place of Business

2600 TURNBULL ESTATES DRIVE
NEW SMYRNA BEACH, FL 32168

Mailing Address

2600 TURNBULL ESTATES DRIVE
NEW SMYRNA BEACH, FL 32168



08012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

32-0095713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIAM E
2600 TURNBULL ESTATES DR.
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

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)

9/7/05

DATE

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DEELEY, JAMES
STREET ADDRESS 2600 TURNBULL ESTATES DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE MGR
NAME JOHNSON, WILLIAM E
STREET ADDRESS 2600 TURNBULL ESTATES DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE MGR
NAME GELSOMIN, THOMAS J
STREET ADDRESS 2600 TURNBULL ESTATES DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

9/7/05

Date

386-427-8727

Daytime Phone #

ATTACHMENT
20068123
L03000032548

386-427-8727
Due to family
emergency
this was not
mailed in time
to reach you
by 9/7/05 deadline

Please call bookkeeping
if there is any
problem processing this!