

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2005 90097 036 \*\*\*\*50.00

**20045216**



|   |   |   |  |  |   |
|---|---|---|--|--|---|
| <b>DOCUMENT # L03000035805</b><br>1. Entity Name<br><b>TURNER LAND ENTERPRISES, LLC</b>   |   |   |  |  |   |
| Principal Place of Business<br><b>508-A CAPITAL CIRCLE, S.E.<br/>TALLAHASSEE, FL 32301</b>  |   |   | Mailing Address<br><b>508-A CAPITAL CIRCLE, S.E.<br/>TALLAHASSEE, FL 32301</b>   |  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |   |
| 4. FEI Number<br><b>51-0484260</b>  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   | <b>\$5.00</b> Additional Fee Required  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>WIENER, BRUCE I<br/>1300 THOMASWOOD DRIVE<br/>TALLAHASSEE, FL 32308</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>      |  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>TURNER, FREDERICK E<br>508-A CAPITAL CIRCLE, S.E.<br>TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Turner Douglas E<br>508-A Capital Cir. SE<br>Tallahassee, FL 32301 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <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. |   |   |  |  |   |
| <b>SIGNATURE:</b>   |   |   |  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   |  |  |   |
| Date _____ Daytime Phone # _____  |   |   |  |  |   |