2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000039358

1. Entity Name
TURNER & TURNER, L.L.C.



FILED
Mar 27, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

105 SOUTH BREVARD AVE ARCADIA, FL 34266 P.O. BOX 789 ARCADIA, FL 34265



03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
58-2677731		Not Applicable
5. Certificate of Status Desire	uıı	\$5.00 Additional

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR. 124 NORTH BREVARD AVENUE ARCADIA, FL 34266

CITY-ST-ZIP

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		INI	HIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent	Inging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM TURNER, EUGENE H 105 S. BREVARD AVENUE ARCADIA, FL 34266		U00000680876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, EUGENE H JR 105 SOUTH BREVARD AVE ARCADIA, FL 34266		04/04/07-80020-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE
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TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 AND THE OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone P