## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 07, 2005 08:00 AM Secretary of State

DOCUMENT #  1. Entity Name TURN KEY DESIGN	L03000039791 , цс	
Principal Place of Business 1436 50TH COURT VERO BEACH, FL 32966	Mailing Address  8416 104TH COURT US VERO BEACH, FL 32967	US

DO NOT WRITE IN THIS SPACE



## 01042005No Chg-LLC

CR2E083 (10/03)

4. FE! Number	Applied For		
20-0394930	Not Applicable		
5. Certificate of Status Desired	\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent				
BALDREE, GAIL N 1436 50TH COURT_ VERO BEACH, FL 32966	¥			

## DO NOT WRITE IN THIS SPACE

ine obliga	nona orregistered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and blie if applicable	(NOTE Registered	Agent algoriture required when reinstating)	DATE
F	iling Fee is \$50.00 tue by May 1, 2005			
9.	MANAĞINĞ MEMBERS/MANAĞERS	Ì		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDREE, GAIL N 1436 50TH COURT VERO BEACH, FL 32966			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DITTMER, ALANA C 8416 104 COURT VERO BEACH, FL 32967		Un 01/10	00000174516 0705-80013-019 50100
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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

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: Maria Ditteran		`
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUT.	HORIZED REPRESE	NTATIVE

NAME STREET ADDRESS CITY - ST- ZIP

1-11-02

N3-473-8855

IEMBER, OR AUTHORIZED REPRESENTATIVE

Daysme Phone \*