

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000048007**

1. Entity Name  
T.A.TURNER CONSTRUCTION CO. L.L.C.



Principal Place of Business  
225 JOY LANE  
SANTA ROSA BEACH, FL 32459 US

Mailing Address  
P.O. BOX 2469  
SANTA ROSA BEACH, FL 32459 US



04092005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0429118

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MATHIS, TOMMY L  
8941 N. MC CANN RD  
SOUTHPORT, FL 32409

**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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000303311  
04/13/05-80106-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME TURNER, TILGHMAN A  
STREET ADDRESS P.O. BOX 2469  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE MGRM  
NAME MATHIS, TOMMY L  
STREET ADDRESS 8941 N. MC CANN RD  
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE  
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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:** *Tilghman A. Turner*

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

*04-12-05*

Date

Daytime Phone #