

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000005692

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** TURBEVILLE PROPERTY INVESTMENTS, LLC

**Current Principal Place of Business:**

445 VIRGINIA AVENUE  
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

1433 HAMLIN AVE.  
SAINT CLOUD, FL 34771 US

**Current Mailing Address:**

445 VIRGINIA AVENUE  
SAINT CLOUD, FL 34769 US

**New Mailing Address:**

**FEI Number:** 20-0636327      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURBEVILLE, STEVE E  
445 VIRGINIA AVENUE  
SAINT CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TURBEVILLE, STEVE E  
**Address:** 445 VIRGINIA AVENUE  
**City-St-Zip:** SAINT CLOUD, FL 34769

**Title:** MGR  
**Name:** TURBEVILLE, LAURA  
**Address:** 445 VIRGINIA AVENUE  
**City-St-Zip:** SAINT CLOUD, FL 34769

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA TURBEVILLE

MGR

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date