

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000028777

1. Entity Name  
TURKNETT REALTY GROUP, LLC



Principal Place of Business

1333 GATEWAY DRIVE  
SUITE 1002  
MELBOURNE, FL 32901

Mailing Address

1333 GATEWAY DRIVE  
SUITE 1002  
MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**



01032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1006340

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

O'BRIEN, JAMES M  
1686 WEST HIBISCUS BLVD  
MELBOURNE, FL 32901

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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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TURKNETT, WILLIAM I JR.  
3275 OAK LANE  
MELBOURNE, FL 32934

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TURKNETT, CYNTHIA K  
3275 OAK LANE  
MELBOURNE, FL 32934

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000519910  
05/02/06-80074-011 50.00

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IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

WILLIAM TURKNETT, JR. 4-17-06 321-984-1957