

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028777

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: TURKNETT REALTY GROUP, LLC

**Current Principal Place of Business:**

304 S. HARBOR CITY BLVD.  
SUITE 101  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

304 S. HARBOR CITY BLVD.  
SUITE 101  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 20-1006340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'BRIEN, JAMES M  
1686 WEST HIBISCUS BLVD  
MELBOURNE, FL 32901 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: MGRM ( ) Delete  
Name: TURKNETT, WILLIAM I JR.  
Address: 3275 OAK LANE  
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM ( ) Delete  
Name: TURKNETT, CYNTHIA K  
Address: 3275 OAK LANE  
City-St-Zip: MELBOURNE, FL 32934

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TURKNETT, WILLIAM I JR.  
Address: 3725 OAK LANE  
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM (X) Change ( ) Addition  
Name: TURKNETT, CYNTHIA K  
Address: 3725 OAK LANE  
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM I. TURKNETT, JR.

MGR

03/03/2009

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