2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000032597

Entity Name

TURNBERRY BAYSHORE TWO, LC



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134

255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134



04152008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	90-0181411	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and	Address	of	Current	Re	gistere	d/	Agent

FERTIG, JAY C 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134

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	INTHIS	SPACE
	nging its registered office or registered agent, or both, in the \$	State of Florida. I am familiar with, and accept
re typed or printed name of registered agent and title if applicable	(NOTE_Registered Agent signature required when reinstating)	DATE
MANAGING MEMBERS/MANAGERS	with the state of the state of the state of	and the state of t
SHORE LAND GROUP, INC. ALHAMBRA CIRCLE, SUITE 325		
	of registered agent. Free typed or printed name of registered agent and title if applicable WIII FEE IS \$138.75 2008 Fee will be \$538.75	and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement of registered agent. Will FEE IS \$138.75 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS RM (SHORE LAND GROUP, INC. ALHAMBRA CIRCLE, SUITE 325

STREET ADDRESS
CITY- ST-ZIP
CORAL GABLES, FL 33134

ITILE
MGRM
SOFFERS THREE, LTD.
19501 BISCAYNE BLVD SUITE 400
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP
TITLE
THE TI

000000924549 05/19/08-80005-025 138.75

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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:

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

Jay C. Fertig

4/25/08

(305)4456161

Daytime Phone