2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT				Secretary of S	
DOCU	MENT # L0400003	3536			·
CONRO	Y'S TURF, LLC				
1342 COLO K 226	ce of Business NIAL BLVD S, FL 33907 US	Mailing Address 1342 COLONIAL BLVD K 226 FORT MYERS, FL 33907	US		
DO NOT WRITE IN THIS SPA			CE	01112008No Chg-LLC	CR2E083 (12/07)
			CE	4. FEI Number 81-0674738	Applied For Not Applicable
	6 November 10			5. Certificate of Status Desired [\$5.00 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent	-		
CONROY, JAMES C 1342 COLONIAL BLVD K 226 FORT MYERS, FL 33907			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement tions of registered agent	for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida,	I am familiar with land accept
SIGNATURE.	Signature, typed or printed name or registered age	nt and title if applicable (NOTE Registra	ed Agent significial required	when renstating:	DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7				
9.	MANAGING MEME	BERS/MANAGERS	1		
TITLE	MGR CONROY, JAMES C				
NAME STREET ADDRESS	1342 COLONIAL BLVD STE K2	26			
CITY-ST-ZIP	FORT MYERS, FL 33907		f	<u> </u>	24850 1003-010 138.75
TITLE				US/ZU/U8~8U	JUU3-U10 138.75
name Street address					
CITY-SI-ZIP			1		
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP				DO NOT WRI	TE
TITLE				IN THIS SPA	CE
NAME STREET ADDRESS				3,71	-
CITY-ST-2IP			_		
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP			l		

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Further certify that the information indicated on this report is true and accurate and that my significance 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

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

4-24-08 239-633-5488

Daytime Phon