



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

1/29/07

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90144 050 \*\*\*\*50.00

<b>DOCUMENT # L04000039833</b>			
1. Entry Name TURNPIKE 27, LLC			
Principal Place of Business 1009 MAITLAND CENTER COMMONS, SUITE 210 MAITLAND, FL 32751		Mailing Address 1009 MAITLAND CENTER COMMONS, SUITE 210 MAITLAND, FL 32751	
2. Principal Place of Business - No P.O. Box # 505 Maitland Ave Suite, Apt. #, etc. Suite 1350 City & State Altamonte Springs FL		3. Mailing Address PO Box 940605 Suite, Apt. #, etc. Maitland FL City & State Maitland FL	
32701 USA		32794-0605 USA	
6. Name and Address of Current Registered Agent CALHOUN, MICHAEL D 1009 MAITLAND CENTER COMMONS, SUITE 210 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, MICHAEL D 1009 MAITLAND CENTER COMMONS, SUITE 210 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael D. Calhoun 505 Maitland Ave Suite 1350 Altamonte Sprs FL 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			