

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042683

**FILED**  
**Feb 15, 2006**  
**Secretary of State**

**Entity Name:** TURN KEY MARINE SERVICE LLC

**Current Principal Place of Business:**

646 ANCHORS STREET NW  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

646 ANCHORS STREET NW  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

**FEI Number:** 16-1701402

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

SCHOGER-FLORES, VALENTINA  
646 ANCHORS STREET, BLDG. 2  
FORT WALTON BEACH, FL 32548 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 (X) Delete  
**Name:** FLORES, JAMES L  
**Address:** 646 ANCHORS STREET, BLDG. 2  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**Title:** MGRM ( ) Delete  
**Name:** SCHOGER-FLORES, VALENTINA  
**Address:** 646 ANCHORS STREET, BLDG. 2  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** VALENTINA SCHOGER-FLORES

MGRM

02/15/2006

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