

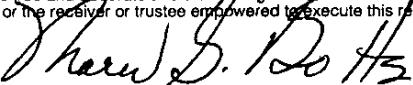


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90049 005 \*\*\*\*50.00

<b>DOCUMENT # L04000085353</b> 1. Entity Name <b>TURNBERRY TRACE LLC</b>					
Principal Place of Business <b>46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236</b>			Mailing Address <b>P.O. BOX 8007 NORTH PORT, FL 34287</b>		
2. Principal Place of Business <b>1906 SCARLETT AVE.</b>		3. Mailing Address <b>46 N. WASHINGTON BLVD.</b>		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 5px;">20028696</div> 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>SUITE 1</b>			
City & State <b>NORTH PORT, FL</b>		City & State <b>SARASOTA, FL</b>			
Zip <b>34289</b>		Zip <b>34236</b>		4. FEI Number <b>20-1973772</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOTT, MARK G P.O. BOX 8007 NORTH PORT, FL 34287	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, P, S BOTT, MARK G. 1906 SCARLETT AVE. NORTH PORT, FL 34289
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNBULL, J. STUART P.O. BOX 8007 NORTH PORT, FL 34287	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, V, T TURNBULL, J. STUART 1906 SCARLETT AVE. NORTH PORT, FL 34289
				<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	
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 exemption stated in Section 119.07(3)(i), 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: 			(941) 423-3788		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

MARK G. BOTT, President