


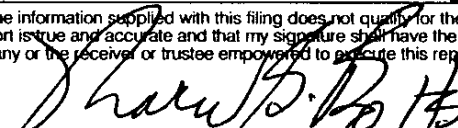
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90056 038 ***138.75

DOCUMENT # L04000085353					
1. Entity Name TURNBERRY TRACE LLC					
Principal Place of Business 4316 TURNBERRY CIRCLE NORTH PORT, FL 34288 US			Mailing Address P.O. BOX 8007 NORTH PORT, FL 34287 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4316 Turnberry Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State North Port, FL		4. FEI Number 20-1973772	
Zip		Country 34288 US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BOTTS, MARK G P.O. BOX 8007 NORTH PORT, FL 342878007	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS Botts, Mark G. 4316 Turnberry Circle North Port, FL 34288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GVT TURNBULL, J. STUART P.O. BOX 8007 NORTH PORT, FL 342878007	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GVT Turnbull, J. Stuart 4316 Turnberry Circle North Port, FL 34288	<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
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Daytime Phone #

60002137



01142008 Chg-LLC CR2E083 (12/06)