

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L05000019734					
1. Entity Name TURNBERRY/CENTRA CROSSROADS II, LLC					
Principal Place of Business 19501 BISCAYNE BLVD, STE 400 AVENTURA, FL 33180			Mailing Address 19501 BISCAYNE BLVD, STE 400 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2486574	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTGLASS, LORI R 19501 BISCAYNE BLVD, STE 400 AVENTURA, FL 33180			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 reinstating) _____ DATE _____					
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 SOFFER, JACQUELYN R 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000751881 05/18/07-80120-009 50.00	
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [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: _____			4-23-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		