

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071984

FILED
Feb 15, 2006
Secretary of State

Entity Name: TURKEY CREEK PRESERVE, LLC

Current Principal Place of Business:

4890 WEST KENNEDY BLVD., SUITE 500
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4890 WEST KENNEDY BLVD., SUITE 500
TAMPA, FL 33609

New Mailing Address:

P.O. BOX 26028
TAMPA, FL 33623

FEI Number: 20-3214807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, R. JAMES JR.
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602 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: MGR () Delete
Name: PALLARDY, LEE F III
Address: 609 EAST JACKSON STREET, SUITE 200
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: CARLTON, C. DENNIS
Address: 7414 COMMERCE STREET
City-St-Zip: RIVERVIEW, FL 33569

Title: MGR () Delete
Name: DAVIS, CHARLES M JR.
Address: 4890 WEST KENNEDY BLVD., SUITE 500
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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

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: C. DENNIS CARLTON

MGR

02/15/2006

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