

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000074610
1. Entity Name
TURNBERRY NASHVILLE UNION STATION, LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 4:50

Principal Place of Business 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180	Mailing Address 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180
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02202008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2353515	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTGLASS, LORI R
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOFFER, JEFFREY 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOFFER, JACQUELYN 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180
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04/11/08--01046--024 **638.75

**DO NOT WRITE
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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: _____ **3/19/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #