

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000074610

1. Entity Name

TURNBERRY NASHVILLE UNION STATION, LLC



Principal Place of Business

19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180

Mailing Address

19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 4:50



02202008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number

56-2353515

Applied For

Not Applicable

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SOFFER, JEFFREY
STREET ADDRESS	19501 BISCAYNE BOULEVARD, SUITE 400
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	MGR
NAME	SOFFER, JACQUELYN
STREET ADDRESS	19501 BISCAYNE BOULEVARD, SUITE 400
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/11/08--01046--024 **638.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/19/08