

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000093311

1. Entity Name
TURNBERRY STONE, LLC



Principal Place of Business
9600 PARK SOUTH COURT
ORLANDO, FL 32837

Mailing Address
701 CONESUS LANE
WINTER SPRINGS, FL 32708

BK

FILED

07 JUL 26 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07202007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3563866

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (JGH)
ORLANDO, FL 32801-3373

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FINNEGAN, JOHN
STREET ADDRESS 9600 PARK SOUTH COURT
CITY-ST-ZIP ORLANDO, FL 32837

TITLE MGR ☒ Change ☐ Addition
NAME Finnegan, John
STREET ADDRESS 9600 Park South Court
CITY-ST-ZIP Orlando, FL 32837

TITLE MGRM ☒ Delete
NAME THOMPSON, ROY
STREET ADDRESS 9600 PARK SOUTH COURT
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Change ☐ Addition
NAME 300107074683
STREET ADDRESS 08/01/07--01038--001 **50.00
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME BRATCHER, TIMOTHY L
STREET ADDRESS 9600 PARK SOUTH COURT
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

John Finnegan Arth Rep. 7/20/07 407 835688