


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90030 014 \*\*\*\*50.00

**DOCUMENT # L05000098708**

1. Entity Name  
**MIKE TURNER ENTERPRISES, LLC**



Principal Place of Business  
**1436 INNERARTY PT RD  
 PENSACOLA, FL 32507**

Mailing Address  
**1436 INNERARTY PT RD  
 PENSACOLA, FL 32507**

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2. Principal Place of Business - No P.O. Box #  
**1984 Crown Pointe Blvd**

3. Mailing Address  
**1984 Crown Pointe Blvd**

Suite, Apt. #, etc.



04172007 Chg-LLC CR2E083 (12/06)

City & State  
**Pensacola FL**

City & State  
**Pensacola FL**

Zip  
**32506**

Country  
**USA**

Zip  
**32506**

Country  
**USA**

4. FEI Number  
**20-3602312**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TURNER, WILLIAM M  
 16470 INNERARTY PT. RD.  
 PENSACOLA, FL 32507**

7. Name and Address of New Registered Agent  
 Name **Turner William M**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1984 Crown Pointe Blvd**  
 City **Pensacola** **FL** Zip Code **32506**

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 W. Michael Turner (NOTE: Registered Agent signature required when reinstating) DATE 4/17/07

**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 <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TURNER, WILLIAM M</b>		NAME <b>TURNER, William M</b>	
STREET ADDRESS <b>14363 INNERARTY PT RD</b>		STREET ADDRESS <b>1984 Crown Pointe Blvd</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32507</b>		CITY-ST-ZIP <b>Pensacola FL 32506</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: W. Michael Turner **William M Turner** DATE: 4/17/07 850  
 777-6481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #