

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L05000113338

1. Entity Name

TURNBULL MOTOR TRANSPORT, LLC



**FILED  
Apr 17, 2006 8:00 am  
Secretary of State**

04-05-2006 90022 049 \*\*\*\*50.00

300003630



1st MOORE CR2E083 (10/05)

Principal Place of Business 1089 WILD HOLLY DRIVE PORT ORANGE FL 32129 US		Mailing Address 1089 WILD HOLLY DRIVE PORT ORANGE FL 32129 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
6. Name and Address of Current Registered Agent TURNBULL, JAMES V 1089 WILD HOLLY DRIVE PORT ORANGE FL 32129		4. FEI Number 11-3964193 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		7. Name and Address of New Registered Agent 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 or registered agent and title if applicable

(NOTE: Registered Agent signature required when resubmitted)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State.  
Due By May 1, 2006.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Save proprietary James V. Turnbull 1089 Wild Holly Dr Port Orange, FL 32129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 Section 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

7-22-06 (386)547-5014

Date

Daytime Phone #