

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065177

FILED
Apr 27, 2007
Secretary of State

Entity Name: LEWIS TURNER VENTURES, LLC

Current Principal Place of Business:

789 MIRACLE STRIP PARKWAY
EAST MARY ESTHER, FL 32589

New Principal Place of Business:

789 MIRACLE STRIP PARKWAY EAST
MARY ESTHER, FL 32569 US

Current Mailing Address:

789 MIRACLE STRIP PARKWAY
EAST MARY ESTHER, FL 32589

New Mailing Address:

789 MIRACLE STRIP PARKWAY EAST
MARY ESTHER, FL 32569 US

FEI Number: 20-5136556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLARD, GEORGE A
789 MIRACLE STRIP PARKWAY
EAST MARY ESTHER, FL 32589 US

Name and Address of New Registered Agent:

WILLARD, GEORGE A
789 MIRACLE STRIP PARKWAY EAST
MARY ESTHER, FL 32569 US

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.

SIGNATURE: GEORGE A WILLARD

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M () Change (X) Addition
Name: WILLARD, GEORGE A MGRM
Address: 789 MIRACLE STRIP PKWY EAST
City-St-Zip: MARY ESTHER, FL 32569 US

Title: M () Change (X) Addition
Name: WILLARD, BARBARA J MEM
Address: 789 MIRACLE STRIP PKWY EAST
City-St-Zip: MARY ESTHER, FL 32569 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE A WILLARD

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date