

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065177

FILED
Apr 25, 2009
Secretary of State

Entity Name: LEWIS TURNER VENTURES, LLC

Current Principal Place of Business:

789 MIRACLE STRIP PARKWAY EAST
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

789 MIRACLE STRIP PARKWAY EAST
MARY ESTHER, FL 32569 US

New Mailing Address:

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 32569 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MS (X) Change () 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

04/25/2009

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