

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076985

FILED  
May 01, 2008  
Secretary of State

Entity Name: TURNER NETWORK RESOURCES, LLC

**Current Principal Place of Business:**

2625 COVENTRY LANE  
OCOE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2625 COVENTRY LANE  
OCOE, FL 34761 US

**New Mailing Address:**

695 POSTRIO WAY  
OCOE, FL 34761 US

FEI Number: 20-5321764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TURNER, PHILLIP A  
2625 COVENTRY LANE  
OCOE, FL 34761 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: MGRM ( ) Delete  
Name: TURNER, PHILLIP A  
Address: 2625 COVENTRY LANE  
City-St-Zip: OCOE, FL 34761 US

Title: MGRM ( ) Delete  
Name: TURNER, WALTER D  
Address: 67-243 KAHANE LOOP  
City-St-Zip: WAIALUA, HI 96791 US

Title: MGRM ( ) Delete  
Name: TURNER, KEITH  
Address: 247 LITTLETON COUNTY ROAD  
City-St-Zip: HARVARD, MA 01451 US

Title: MGRM ( ) Delete  
Name: TURNER, SCOTT  
Address: 404 ALIO STREET  
City-St-Zip: LAHAINA, MAUI, HI 96761 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PHILLIP TURNER

MGRM

05/01/2008

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