

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000104738

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** TURNER L L, LLC

**Current Principal Place of Business:**

508-A CAPITAL CIRCLE, S.E.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

502-C CAPITAL CIRCLE, S.E.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

508-A CAPITAL CIRCLE, S.E.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

502-C CAPITAL CIRCLE, S.E.  
TALLAHASSEE, FL 32301

**FEI Number:** 20-5796777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BIST, MICHAEL P  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 US

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

TURNER HERITAGE HOMES, INC.  
502-C CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301 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: LEE ALLMAN, CFO

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TURNER HERITAGE HOMES, INC.  
Address: 502-C CAPITAL CIRCLE, S.E.  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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: LEE ALLMAN, TURNER HERITAGE INC MANAGER

CFO

03/23/2011

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