2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State
04-26-2007 90037 017 ****50.00

DOCUMENT # L06000114355

1. Entity Name
LEM TURNER, LLC

Principal Place of Business	Mailing Address
1987 WOODLAKE DRIVE ORANGE PARK FL 32003	1987 WOODLAKE DRIVE ORANGE PARK FL 32003

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	3730 College ST. Suite, Apt. #, etc.
City & State	City & State: JACKSONville FL.
Zip / Country	Zip: 32205 / Country: DUVAL

4. FEI Number: 20-5979875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTER, VICKI ANN 1987 WOODLAKE DRIVE ORANGE PARK FL 32003	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: Vicki Ann Carter 4-3-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VICKI ANN CARTER, 1987 WOODLAKE DR. ORANGE PARK, FL. 32003 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S L. ESTELLE WALLER 3730 College ST. JACKSONVILLE FL 32205 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST L. Estelle WALLER 3730 College ST. JACKSONVILLE FL 32205 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T TERESA L. HARRINGTON 358 Stiles Ave. ORANGE PARK FL. 32073 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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.

(904)

SIGNATURE: Vicki Ann Carter VICKI ANN CARTER 4-3-07 384-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #