

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000119232

Entity Name: TURNKEY SOLUTIONS, LLC

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

1019 28TH STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1019 28TH ST
ORLANDO, FL 32805

New Mailing Address:

1019 28TH STREET
ORLANDO, FL 32805

FEI Number: 20-8029730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAND, JONES, LYONS & LACEY, LC
1901 S HARBOR CITY BLVD
STE 500
MELBOURNE, FL 32901 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: CLIFFORD, KEVIN C
Address: PO BOX 33070
City-St-Zip: INDIALANTIC, FL 32903

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARAMOUNT MANAGEMENT, GROUP, LLC
Address: 1019 28TH STREET
City-St-Zip: ORLANDO, FL 32805

Title: MGRM () Change (X) Addition
Name: LASLEY, TERRY L
Address: 1901 RAVEN HILL ROAD
City-St-Zip: TAZEWEEL, TN 37879

Title: TRSR () Change (X) Addition
Name: ULRICH, PATRICK K
Address: 1019 28TH STREET
City-St-Zip: ORLANDO, FL 32805

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: PATRICK ULRICH

TRSR

03/27/2008

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