


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009  
**LIMITED LIABILITY COMPANY**  
**REINSTATEMENT**  
**Annual Report**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 09 AUG -4 PM 2:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 606000122958

1. Limited Liability Company's Name  
TURKEY CREEK ESTATES LLC

300159014543  
 07/23/09--01034--001 \*\*138.75  
 CR2E041 (10/08)

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| 2. Principal Office Address - No P.O. Box #<br><u>1271 RIO GRANDE CIR</u> |                          | 3. Mailing Office Address<br><u>1271 RIO GRANDE CIR</u> |                          |
| Suits, Apt. #, etc.   |                          | Suits, Apt. #, etc.                                     |                          |
| City & State<br><u>PENSACOLA, FLORIDA</u>                                 |                          | City & State<br><u>PENSACOLA, FLORIDA</u>               |                          |
| Zip<br><u>32505</u>   | Country<br><u>U.S.A.</u> | Zip<br><u>32505</u>                                     | Country<br><u>U.S.A.</u> |

|  |  |
|--|--|
| 4. State/Country of Formation<br><u>FLORIDA</u>  |  |
| 5. Date Organized or Qualified To Do Business in Florida   |  |
| 6. FEI Number<br><u>20-8139566</u>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |

**B. Name and Address of Current Registered Agent**

Name OSCAR L. SAVARY X JR

Street Address (P.O. Box Number is Not Acceptable)  
1271 RIO GRANDE CIRCLE

Suite, Apt. #, Etc.

City PENSACOLA State FL Zip Code 32505

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Oscar Savary Jr Date 7-27-09  
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip    |
|--------|-----------------------------------|--|-----------------------|
| MGR    | BLESSED PROPERTIES INC            | 1509 GREEN MTN DR                              | LITTLE ROCK, AR 72211 |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |

**S. HAWKES**  
 AUG 6 2009  
**EXAMINER**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S.; I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Oscar Savary Jr Date 7/27/09 Daytime Phone # 850 725-6202  
 Typed or printed name of signing Managing Member/Manager OSCAR L. SAVARY X JR