
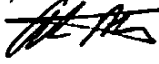


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

1 Jun 10, 2008 8:00 am
Secretary of State

01-31-2008 90067 048 ***138.75

DOCUMENT # L07000076339					
1. Entity Name MCMaster TURF LLC					
Principal Place of Business 135 W. LAKESIDE DRIVE PORT ORANGE, FL 32128			Mailing Address 135 W. LAKESIDE DRIVE PORT ORANGE, FL 32128		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 260573976	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCMaster, JAMES D 135 W. LAKESIDE DRIVE PORT ORANGE, FL 32128			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMaster, JAMES D		NAME		
STREET ADDRESS	135 W. LAKESIDE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PORT ORANGE, FL 32128		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMaster, ADAM T		NAME		
STREET ADDRESS	135 W. LAKESIDE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PORT ORANGE, FL 32128		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: 			Date: 1/29/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # (386) 760-6267		

ATTACHMENT

30009136
#L07000076339



June 3, 2008

To Whom It May Concern:

This letter is to accompany our updated 2008 Limited Liability Company Tax filing. We received Document #L07000076339 back, due to the missing FEI number. We were not aware that our CPA's office had not resolved this matter. We have filled in the FEI number and are re-sending the document. We are requesting that any late penalty be waived; due to the fact that we were under the impression our CPA had resolved this issue.

Sincerely,

Adam McMaster
Vice President

135 W. LAKESIDE DRIVE WEST, PORT ORANGE, FLORIDA, 32128
PHONE: (386) 760-6267~ FAX: (386) 761-6824