

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000757

FILED
Mar 05, 2009
Secretary of State

Entity Name: STOCKTON TURNER LLC

Current Principal Place of Business:

2250 LUCIEN WAY
SUITE 140
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2250 LUCIEN WAY
SUITE 140
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3554166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, CAMERON G
1199 NORTH ORANGE AVENUE
ORLANDO, FL 32804 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: TURNER, DOUGLAS L
Address: 2550 LUCIEN WAY
City-St-Zip: MITLAND, FL 32751

Title: MGRM () Delete
Name: POWELL, THOMAS R
Address: 1199 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: BENNETT, CAMERON G
Address: 1199 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TURNER, DOUGLAS L
Address: 2250 LUCIEN WAY SUITE 140
City-St-Zip: MITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS TURNER

MGRM

03/05/2009

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