

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90041 021 ****50.00

978301

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|---|
| DOCUMENT # L99000006864 | | | |
| 1. Entity Name TURNKEY PROPERTIES, LLC | | | |
| Principal Place of Business 14391 S.W. 37TH STREET MIAMI FL 33175 | | Mailing Address 14391 S.W. 37TH STREET MIAMI FL 33175 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 91-2000264 | | Applied For <input type="checkbox"/> 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 | |
| QUINONES, ANTONIO 14391 S.W. 37TH STREET MIAMI FL 33175 | | 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. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| | | FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR QUINONES, ANTONIO 14391 S.W. 37TH STREET MIAMI FL 33175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**Antonio Quinones**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/02

305.225-5028

CR2E083 (9/01)