

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002445 1. Entity Name TURNER SPECIALTY SERVICES, L.L.C.	
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Principal Place of Business 8687 UNITED PLAZA BLVD BATON ROUGE, LA 70809	Mailing Address 8687 UNITED PLAZA BLVD BATON ROUGE, LA 70809
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DO NOT WRITE IN THIS SPACE



04182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 72-1510167	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

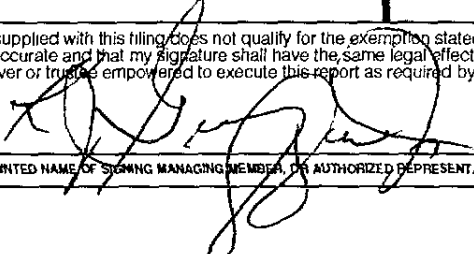
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, BERT S 8687 UNITED PLAZA BLVD BATON ROUGE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOUPS, ROLAND M 8687 UNITED PLAZA BLVD BATON ROUGE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUITREAU, J W 8687 UNITED PLAZA BLVD BATON ROUGE, LA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80147-005 50.00

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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:  **4-21-05** **225-922-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #