2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# M01000002445

Entity Name: TURNER SPECIALTY SERVICES, L.L.C.

Current Principal Place of Business:

8687 UNITED PLAZA BLVD
BATON ROUGE, LA 70809

New Principal Place of Business:

Current Mailing Address:

8687 UNITED PLAZA BLVD
BATON ROUGE, LA 70809

New Mailing Address:

FEI Number: 72-1510167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: TURNER, BERT S
Address: 8687 UNITED PLAZA BLVD
City-St-Zip: BATON ROUGE, LA

Title: MGR ( ) Delete
Name: TOUPS, ROLAND M
Address: 8687 UNITED PLAZA BLVD
City-St-Zip: BATON ROUGE, LA

Title: MGR ( ) Delete
Name: GUITREAU, J W
Address: 8687 UNITED PLAZA BLVD
City-St-Zip: BATON ROUGE, LA

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: LAUVE, DAVID J
Address: 8687 UNITED PLAZA BLVD
City-St-Zip: BATON ROUGE, LA

I hereby certify that the information supplied with this filing does not qualify for the 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: ROLAND M TOUPS MGR 04/24/2006

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