2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # M01000002445

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

Principal Place of Business	Mailing Address
8687 UNITED PLAZA BLVD BATON ROUGE, LA 70809	8687 UNITED PLAZA BLVD BATON ROUGE, LA 70809

DO NOT WRITE IN THIS SPACE

04302007 No Chg-LLC CR2E083 (11/05)

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

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

Filing Fee is $50.00
Due by May 1, 2007

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

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05/29/07-80019-018 50.00

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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: Roland M. Toups 4/30/07 (225)922-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #