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Secretary of State
07-07-2008 90072 005 ***538.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004030

1. Entity Name
TURNBULL BAY PARTNERS, LLC

Principal Place of Business
5400 RIVERSIDE DRIVE, SUITE 203
MACON, GA 31210

Mailing Address
5400 RIVERSIDE DRIVE, SUITE 203
MACON, GA 31210

50007944

DO NOT WRITE IN THIS SPACE

03122008No Chg-LLC CR2E083 (12/07)

4. FEI Number
51-0475619

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PYLE, JAMES G
1680 THE GREENS WAY, SUITE 100
JACKSONVILLE BEACH, FL 32250

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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 individual and title if applicable) (NOTE: Registered Agent signature required when applicable)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAWS, JAMES H
STREET ADDRESS	54 W RIVERSIDE DR STE 203
CITY-ST-ZIP	MACON, GA 31210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James H. Daws 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #