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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000060016

1. Entity Name
TURNBERRY NASHVILLE PARTNERS, INC.



Principal Place of Business
19501 BISCAYNE BLVD SUITE 400
AVENTURA, FL 33180

Mailing Address
19501 BISCAYNE BLVD SUITE 400
AVENTURA, FL 33180

FILED
08 APR -1 AM 10: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1017484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTGLASS, LORI R
19501 BISCAYNE BLVD SUITE 400
AVENTURA, FL 33180

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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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOFFER, JEFFREY 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Platz</i>
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04/04/08--01009--010 **650.00

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR