## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90362 031 \*\*\*158.75

Principal Place of Business   Mailing Address   33.00 REAFT ROAD   3	1. Entity Nam	MENT # P9700086 enue associates of N		Turning Turnin	04-28-2008	3 90362 031 ***	158.75		
Supplementable	Principal Plac	e of Business	Mailing Address						
NAPLES, FL 34105   NAPLES, FL 34105   US			3530 KRAFT ROAD						
2. Principal Place of Business - No P.O. Box #   3. Mailing Address   5. Suite, Apr. #, etc.   5. Suite, Apr. #, etc.   5. Suite, Apr. #, etc.   6. Suite, Apr. #, etc.	SUITE 300								
Suite, Apt. #, etc.	NAPLES, FL	34105	NAPLES, FL 34105 L	IS	1 188(188(1))	OTIL INDIL ORIU BOUS OF	ISII BAIAT IANA ANA INSIA IB	AND THE FORMAL STATES	
City & State   City & City & State   City & City & State   City & State   City & City & City & State   City &	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Sp. 34.74539	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302008	Chg-P	CR2E034 (12/	06)	
S. Name and Address of Curront Registered Agent  G. Name and Address of Curront Registered Agent  T. Name and Address of New Registered Sept   Fee Required  Name    Sirest Address (P.O. Box Number is Not Acceptable)	City & State		City & State						
Name	Zip	Country	Zip	Country	5. Certificate o	of Status Desired			
CHEFFY, LOUIS W 821 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102  8. The above named unity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent.  SIGNATURE    Special Now   FLE   Septiment Agent and level approach   MOTE Represed Agent sequence described on the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent.  SIGNATURE   Special Now   FLE   Septiment Agent and level approach   MOTE Represed Agent sequence described on the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent.  SIGNATURE   Special Now   FLE   Septiment Agent sequence described on the state of Florida. I am familiar with, and accept me obligations of registered agent.  SIGNATURE   Special Now   FLE   Septiment Agent sequence described on the state of Florida. I am familiar with, and accept me obligations of registered agent.  SIGNATURE   Septiment Agent sequence described on the state of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent.  SIGNATURE   Septiment Agent sequence described on the state of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, a		6. Name and Address of Current	Registered Agent	,	7. Name and	Address of New I	Registered Agent		
SIFE THAYENUE SOUTH SUITE 2011 NAPLES, FL 34102  8. The above named collip submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SI	OUESSY!	OLUC W		Name	Name				
NAPLES, FL 34102  8. The above named untily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  ANTARAMIAN, JACK J  SIRELI ADDRESS  CITY-ST-2P  MACIVOR, THOMAS  3530 KRAFT ROAD STE 300  NAPLES, FL 34105  UP  MACIVOR, THOMAS  SIRELI ADDRESS  CITY-ST-2P  INTE  NAME  SIRELI ADDRESS  CITY-ST-2P  Change   Addition	821 FIFTH AVENUE SOUTH			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named critily 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  Sequence lived by perind name of registers agent are lived approach.  PROFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  NAME  ANTARAMIAN, JACK J  STREET ADDRESS  OTH-S1-2P  INTE  NAME  MACIVOR, THOMAS  STREET ADDRESS  CITY-S1-2P  INTE  NAME  STREET ADDRESS  CITY-S1-2P  STREET ADDRESS  STREET ADDRESS  CITY-S1-2P  STREE									
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SIGNATURE   Signature toles of united sturmed name of registered agent and tell of approximate toles agent septiative required when remissions)   Date	8. The above	named,entity submits this statement for	or the purpose of changing its re	egistered office or regis	tered agent, or both	, in the State of F	lorida. Tam familiar v	vith, and accept	
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 thrustee 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.

TED NAME OF SIGNING DEFICER OR DIRECTOR

(279) 434-0600