

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000041479

1. Entity Name
TURTLE GRASS PROPERTIES, L.L.C.



FILED

07 APR 27 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308

Mailing Address
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1202575

Applied For
Not Applicable

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



BK

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, STUART E
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**

BK

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	CAMPBELL, JAMES I IV	2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308				
	MGRM	SULLIVAN, PAUL J	3053 HAWKS GLENN TALLAHASSEE, FL 32312				
	MGRM	SMITH, CHARLES E	383 STUART TARTER ROAD OZARK, AL 36360				
	MGRM	GOLDBERG, STUART E	2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308				
	MGRM	CAMPBELL, CYNTHIA N	2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308				
	MGRM	SULLIVAN, CINDY D	3053 HAWKS GLENN TALLAHASSEE, FL 32312				

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/07

Date Daytime Phone #