


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90153 007 ***138.75

DOCUMENT # L04000041479
 1. Entity Name
 TURTLE GRASS PROPERTIES, L.L.C.



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.

1st MOORE CR2E083 (10/07)

City & State

4. FEI Number **20-1202575**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 GOLDBERG, STIJART E
 2039 CENTRE POINTE BLVD., SUITE 201
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 Name Paul J. Sullivan
 Street Address (P.O. Box Number is Not Acceptable)
3053 Hawks Glen
 City Tallahassee **FL** Zip Code 32312

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 Paul J. Sullivan DATE 3-21-08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paul J. Sullivan DATE: 3-21-08 DAYTIME PHONE #: 850-297-2321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE