


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN 22 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000054052 1. Entity Name TURTLE ISLAND TRADING POST, L.L.C.	
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Principal Place of Business 1707 N. MONROE STREET TALLAHASSEE, FL 32303	Mailing Address 1707 N. MONROE STREET TALLAHASSEE, FL 32303
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 87-0746972	Applied For
	<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent HALE, LINDA L 3308 W. LAKE SHORE DRIVE TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGRM HALE, LINDA L <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3308 W. LAKE SHORE DRIVE TALLAHASSEE, FL 32312	STREET ADDRESS CITY-ST-ZIP	200076649962 05/27/06--01059--015 **50.00
TITLE NAME	MGRM BARTLOW, ANN <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	206 LONESOME WOODS ROAD TALLAHASSEE, FL 32305	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGRM LEWIS, MARY G <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	260 HIDDEN ACRES MONTICELLO, FL 32344	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: Linda L. Hale LINDA L. HALE 3-12-06 850-425-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #