

**2008 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 15, 2008 8:00 am
Secretary of State**

05-15-2008 90075 050 ***138.75

DOCUMENT # L06000051439
1. Entity Name
Turtle Walk Investments, LLC

DO NOT WRITE IN THIS SPACE

60041351

2. Principal Place of Business
3900 N.E. 1st Ave.
Suite, Apt. #, etc.

3. Mailing Address
3900 N.E. 1st Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
74-3179668

Applied For
Not Applicable

Zip Country
33137-3608

Zip Country
33137-3608

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Santamarina, Raul

Street Address (P.O. Box Number is Not Acceptable)
9411 S.W. 55th St.

City
Miami

FL Zip Code
33165

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.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	MGRM	TITLE	Santamarina, Raul	9411 S.W. 55th St.	Miami, FL 33165
NAME	Santamarina, Raul	NAME	Santamarina, Maria	9411 S.W. 55th St.	Miami, FL 33165
STREET ADDRESS	9411 S.W. 55th St.	STREET ADDRESS			
CITY - ST - ZIP	Miami, FL 33165	CITY - ST - ZIP			
TITLE	MGRM	TITLE			
NAME	Santamarina, Maria	NAME			
STREET ADDRESS	9411 S.W. 55th St.	STREET ADDRESS			
CITY - ST - ZIP	Miami, FL 33165	CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Raul Santamarina Raul Santamarina 4-23-08 305-576-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)