

2009 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 27 PM 3:36

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

DO NOT WRITE IN THIS SPACE

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

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

200152394272
04/24/09--01039--014 **\$138.75
DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33137-3608 Country

Zip Country
33137-3608 Country

4. FEI Number
74-3179668

Applied For
Not Applicable

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

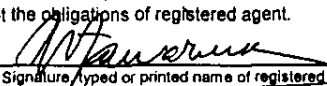
Street Address (P.O. Box Number is Not Acceptable)
9411 S.W. 55th St.

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 4-10-09

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75
Make Ck. Payable to Fla. Dept. of State

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

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 4-10-09 305-576-5545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)