

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001134**

1. Entity Name  
**TURTLE BEACH, LTD.**



**FILED**

**03 MAY -2 PM 7:48**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MLJH**

Principal Place of Business  
**4500 PGA BLVD., SUITE 207  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**4500 PGA BLVD., SUITE 207  
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-1943265**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIVOSTA, OTTO B  
4500 PGA BLVD., SUITE 207  
PALM BEACH GARDENS FL 33418**

Name **Phillip Brandt**

Street Address (P.O. Box Number is Not Acceptable)

**Suite 207**

City **Palm Beach Gardens**

**FL**

Zip Code **33418**

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

**Phillip Brandt**

**4/2/03**  
DATE

9. Capital Contributions  
as Shown on record. **\$11,592,479.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000071498**  
NAME **SUN LAND ACQUISITIONS, INC.**  
STREET ADDRESS **4500 PGA BLVD., SUITE 207**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

STREET ADDRESS

CITY-ST-ZIP

**700017911547**  
**05/02/03--01102--009 \*\*526.25**

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Otto B. DiVosta**

**4/2/03**

**56/1691-9050**

Date

Daytime Phone #

CR2E003 (10/02)

0012049 AT

STAPLE CHECK HERE