
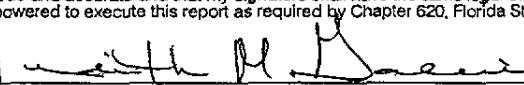


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001134</b>					
1. Entity Name <b>TURTLE BEACH, LTD.</b>					
Principal Place of Business <b>4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418</b>			Mailing Address <b>4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1943265</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRANDT, PHILLIP 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$11,592,479.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P93000071498		STREET ADDRESS	UN00000361242	
NAME	SUN LAND ACQUISITIONS, INC.		CITY-ST-ZIP	05/05/05-00000-004-526-25	
STREET ADDRESS	4500 PGA BLVD., SUITE 207				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
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)(f), 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: 			Judith M. Balui 3-24-05 561-691-4050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE