

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