


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000007795</b> 1. Entity Name <b>TURTLE RUN SHOPPES, L.C.</b>	
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Principal Place of Business <b>C/O WILLIAM S. WEISMAN, ESQ. 2101 CORPORATE BOULEVARD, N.W., STE 300 BOCA RATON, FL 33431</b>	Mailing Address <b>C/O WILLIAM S. WEISMAN, ESQ. 2101 CORPORATE BOULEVARD, N.W., STE 300 BOCA RATON, FL 33431</b>
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01272004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3648659</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>WEISMAN, WILLIAM S ESQ. C/O MANDEL, WEISMAN &amp; KIRSCHNER &amp; BRODIE 2101 CORPORATE BOULEVARD, N.W., STE 300 BOCA RATON, FL 33431</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000030433  
02/04/04-80109-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WEISMAN, WILLIAM S 2101 CORPORATE BLVD., # 300 BOCA RATON, FL 33431</b>
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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:**  **1/27/04 561-989-6300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #