

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000015841 1. Entity Name TURTLE RUN LLC	
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Principal Place of Business 700 EAST WOODLAND ROAD LAKE FOREST, IL 60045	Mailing Address 700 EAST WOODLAND ROAD LAKE FOREST, IL 60045
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01032008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3591382	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRETT, JAY A  
 2121 WEST FIRST STREET  
 FT. MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKENZIE, DAVID W 700 EAST WOODLAND ROAD LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKENZIE, DAVID O 700 E. WOODLAND RD LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000786465  
 01/17/08-80041-022 143.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David C. Mackenzie* 1-12-08 239-472-1303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #