

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021395

Entity Name: EARTH INVESTMENT ASSOCIATES, LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

622 HAVER FORD ROAD , BOX 216  
HAVERFORD, PA 19041

**New Principal Place of Business:**

622 HAVER FORD ROAD , BOX 216  
HAVERFORD, PA 19041

**Current Mailing Address:**

**New Mailing Address:**

622 HAVER FORD ROAD , BOX 216  
HAVERFORD, PA 19041

FEI Number: 75-2981574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATRICK TURTLE, JAMES  
238 E. DAVIS BLVD., SUITE 213  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

TURTLE, JAMES P  
238 E. DAVIS BLVD., SUITE 213  
TAMPA, FL 33606 US

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.

SIGNATURE: JAMES PATRICK TURTLE

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TURTLE, JAMES W  
Address: 622 HAVERFORD RD, PO BOX 216  
City-St-Zip: HAVERFORD, PA 19041

Title: MGRM ( ) Delete  
Name: TURTLE, JAMES P  
Address: 238 E DAVIS BLVD, SUITE 213  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES PATRICK TURTLE

MGRM

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date