

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001745

Entity Name: SANDTURTLE, L.L.C.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
STE. 304  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
STE. 304  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MURAI, WALD, BIONDO, ET AL PA  
2 ALHAMBRA PLAZA  
PENTHOUSE 1B  
CORAL GABLES, FL 33134 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DE LA CRUZ, CARLOS M SR  
Address: 220 ALHAMBRA CIRCLE , STE. 304  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: DE LA CRUZ, ROSA E  
Address: 220 ALHAMBRA CIRCLE, STE. 304  
City-St-Zip: CORAL GABLES, FL 33134

**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: CARLOS M. DE LA CRUZ, SR.

MGRM

04/30/2009

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