## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## FILED Jan 10, 2005 08:00 AM **DOCUMENT # L02000018643** Secretary of State TURTLE TRACKS LLC Mailing Address Principal Place of Business **301 HARBOR TRAIL** 301 HARBOR TRAIL ENTERPRISE, FL 32725 ENTERPRISE, FL 32725 01052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1641822 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROURKE, JANE D DO NOT WRITE 301 HARBOR TRAIL ENTERPRISE, FL 32725 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE ROURKE, JANE D NAME U00000175713 01/10/05-80060-023 50.00 STREET ADDRESS 301 HARBOR TRAIL CITY-ST-ZIP ENTERPRISE, FL 32725 MGRM TITLE PHANEUF, DONALD J NAME STREET ADDRESS 301 HARBOR TRAIL CITY-ST-ZIP ENTERPRISE, FL 32725 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

YPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE