2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L02000027289

Entity Name: TURTLE COVE MARINA, LLC

Current Principal Place of Business:

601 ROOSEVELT BLVD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 369
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 16-1696554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPAETH, EDWARD H
5328 MACOSO CT
NEW PORT RICHEY, FL 34655 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:	SPAETH, EDWARD H
Address:	5328 MACOSO CT
City-St-Zip:	NEW PORT RICHEY, FL 34655
Title:	MGR ( ) Delete
Name:	DORRELL, DANIEL F
Address:	PO BOX 73
City-St-Zip:	SEBRING, FL 33871
Title:	MGR ( ) Delete
Name:	CULLENS, CHARLES S
Address:	PO BOX 341
City-St-Zip:	SEBRING, FL 33871

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	M (X) Change ( ) Addition
Name:	DORRELL, DANIEL F
Address:	PO BOX 73
City-St-Zip:	SEBRING, FL 33871
Title:	M (X) Change ( ) Addition
Name:	CULLENS, CHARLES S
Address:	PO BOX 341
City-St-Zip:	SEBRING, FL 33871

I hereby certify that the information supplied with this filing does not qualify for the 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: ED SPAETH MGRM 01/17/2006

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