

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90130 030 ****50.00

DOCUMENT # L03000000120																	
1. Entity Name TORTUGA PARTNERS, LLC																	
Principal Place of Business 1111 THIRD AVE WEST SUITE 300 BRADENTON FL 34205		Mailing Address 1111 THIRD AVE WEST SUITE 300 BRADENTON FL 34205															
2. Principal Place of Business 115 Third St.S. Suite, Apt. #, etc.		3. Mailing Address 115 Third St.S. Suite, Apt. #, etc.															
City & State Bradenton Beach, FL		City & State Bradenton Beach, FL															
Zip 34217		Zip 34217															
Country U.S.A.		Country U.S.A.															
4. FEI Number 22-3889500		Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required <input checked="" type="checkbox"/>															
6. Name and Address of Current Registered Agent DEITRICH, DAVID K 1111 THIRD AVE. WEST SUITE 300 BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name: DAVID Teitelbaum Street Address (P.O. Box Number is Not Acceptable): 115 Third St.S. City: BRADENTON Beach FL Zip Code: 34217															
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: DATE: 7/8/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State															
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>President. DAVID Teitelbaum MGRM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>115 Third St.S.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Bradenton Beach, FL 34217</td> </tr> </table>	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	President. DAVID Teitelbaum MGRM	STREET ADDRESS	115 Third St.S.	CITY-ST-ZIP	Bradenton Beach, FL 34217
TITLE	Delete <input type="checkbox"/>																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																
NAME	President. DAVID Teitelbaum MGRM																
STREET ADDRESS	115 Third St.S.																
CITY-ST-ZIP	Bradenton Beach, FL 34217																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>V. Pres. Charles Palmer MGRM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>115 Third St.S.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Bradenton Beach, FL 34217</td> </tr> </table>	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	V. Pres. Charles Palmer MGRM	STREET ADDRESS	115 Third St.S.	CITY-ST-ZIP	Bradenton Beach, FL 34217
TITLE	Delete <input type="checkbox"/>																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																
NAME	V. Pres. Charles Palmer MGRM																
STREET ADDRESS	115 Third St.S.																
CITY-ST-ZIP	Bradenton Beach, FL 34217																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Sec./Tres. Charles Starr MGR</td> </tr> <tr> <td>STREET ADDRESS</td> <td>115 Third St.S.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Bradenton Beach, FL 34217</td> </tr> </table>	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	Sec./Tres. Charles Starr MGR	STREET ADDRESS	115 Third St.S.	CITY-ST-ZIP	Bradenton Beach, FL 34217
TITLE	Delete <input type="checkbox"/>																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																
NAME	Sec./Tres. Charles Starr MGR																
STREET ADDRESS	115 Third St.S.																
CITY-ST-ZIP	Bradenton Beach, FL 34217																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
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.																	
SIGNATURE:		Date: 7/8/04															
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																	