


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000003884 1. Entity Name TURNAROUNDS LATIN AMERICA, LLC |  |
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|---|---|
| Principal Place of Business 4150 NW 25 WAY BOCA RATON, FL 33434 | Mailing Address 4150 NW 25 WAY BOCA RATON, FL 33434 |
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05052005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 58-2675519 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GAULT, PETER 4150 NW 25 WAY BOCA RATON, FL 33434 |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 7, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GAULT, PETER J MR 4150 NW 25 WAY BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAULT, MONICA P MRS 4150 NW 25 WAY BOCA RATON, FL 33434 |
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05/09/05-80027-022 55.00

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: Monica Gault **MONICA GAULT** 5/5/2005 561.926.4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #