


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000007914					
1. Entity Name TURTLE BEACH MARINA, LLC				2007 OCT 23 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8865 MIDNIGHT PASS RD SARASOTA, FL 34242		Mailing Address 8865 MIDNIGHT PASS RD SARASOTA, FL 34242			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2322892	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEHER, FRANK W 8865 MIDNIGHT PASS RD SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEHER, FRANK W 1281 TREE BAY LN SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 90011195689 10/23/07--01023--008 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLER, CHARLES F 500 E EVERGREEN EFFINGHAM, IL 62401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTILLO, JOSEPH A 6533 HERITAGE CLUB DR CINCINNATI, OH 45040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTILLO, JOSEPH A 6533 HERITAGE CLUB DR CINCINNATI, OH 45040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 2007					
LS					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					