
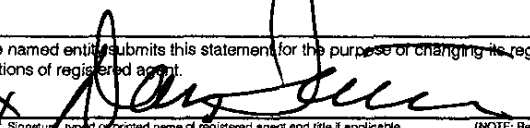
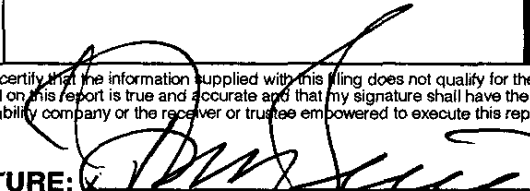


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90026 007 ****50.00

DOCUMENT # L03000012261 1. Entity Name TORTUGA INVESTORS, LLC					
Principal Place of Business 300 BAY DRIVE SOUTH BRADENTON BEACH FL 34217			Mailing Address 300 BAY DRIVE SOUTH BRADENTON BEACH FL 34217		
2. Principal Place of Business 115 THIRD STREET SOUTH Suite, Apt. #, etc.		3. Mailing Address 115 THIRD STREET SOUTH Suite, Apt. #, etc.			
City & State BRADENTON BEACH FL Zip 34217		City & State BRADENTON BEACH FL Zip 34217		4. FEI Number 42-1585811	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEITRICH, DAVID K 1111 3RD AVENUE WEST, SUITE 300 BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name TEITELBAUM, DAVID Street Address (P.O. Box Number is Not Acceptable) 115 Third Street South 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  48-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			MGR TEITELBAUM, DAVID 115 THIRD STREET SOUTH BRADENTON BEACH FL 34217		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			MGR PALMER, CHARLES 115 THIRD STREET SOUTH BRADENTON BEACH FL 34217		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 606, Florida Statutes.					
SIGNATURE: 			48-04 941-778-0156 <small>Date Daytime Phone #</small>		

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