2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012261

1. Entity Name
TORTUGA INVESTORS, LLC

Mar 01, 2007 08:00 A Secretary of State

FILED

Principal Place of Business

115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217 L Mailing Address

115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217

IIS



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1585811 Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEITELBAUM, DAVID 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

		IIN	I IIIS 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.	Signature, typed or printed name of registered agent and tille if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fillng Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR TEITELBAUM, DAVID 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217		U00000652328 03/12/07-80014-004 50.00
NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, CHARLES 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217		
TITLE NAME STRLET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information subject with this filling does not dealify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and adverte and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receipt or crustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Prione #