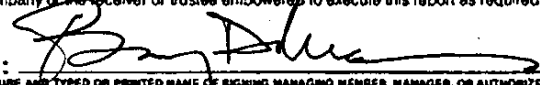


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-26-2005 90058 003 ****50.00

DOCUMENT # L04000002342			
1. Entity Name TURTLE COVE, LLC			
Principal Place of Business 515 N FLAGLER DR, STE 1700 WEST PALM BEACH, FL 33401		Mailing Address 515 N FLAGLER DR, STE 1700 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 7600 WENTWORTH DR		3. Mailing Address 7600 WENTWORTH DR	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State LAKE WORTH FL		City & State LAKE WORTH FL	
Zip 33467		Zip 33467	
Country USA		Country USA	
4. FEI Number 55-0865871		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CIKLIN, ALAN J ESQ 515 N FLAGLER DR, STE 1700 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name BRADLEY D. MILLER Street Address (P.O. Box Number is Not Acceptable) 7600 WENTWORTH DR. City LAKE WORTH FL Zip Code 33467	
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 01.24.05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ☐ Delete BRADLEY D. MILLER 7600 WENTWORTH DR. LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ☐ Change ☐ Addition JODI ENRICH 7600 WENTWORTH DR. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 808, Florida Statutes.			
SIGNATURE: 		Date _____ Daytime Phone # _____	