2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1

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	Mailing Address
515 N FLAGLER DR, STE 1700 WEST PALM BEACH, FL 33401	515 N FLAGLER DR, STE 1700 WEST PALM BEACH, FL 33401

01212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7600 WENTWORTH DR	7600 WENTWORTH DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH FL	City & State: LAKE WORTH FL
Zip: 33467 Country: USA	Zip: 33467 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	7. Name and Address of New Registered Agent
CIKLIN, ALAN J ESQ 515 N FLAGLER DR, STE 1700 WEST PALM BEACH, FL 33401	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 [signature] 01.24.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 BRADLEY D. MILLER 7600 WENTWORTH DR. LAKE WORTH, FL 33467 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER JODI EHRLICH 7600 WENTWORTH DR. LAKE WORTH, FL 33467 ☐ 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
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 608, Florida Statutes.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #