



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000030569</b> 1. Entity Name TURTLE PROPERTIES, LLC	
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Principal Place of Business 250 S. CENTRAL BLVD SUITE 204 JUPITER, FL 33458	Mailing Address 250 S. CENTRAL BLVD SUITE 204 JUPITER, FL 33458
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-1021976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERLINCK, ROBERT D  
250 S. CENTRAL BLVD.  
SUITE 204  
JUPITER, FL 33458

**DO NOT WRITE  
IN THIS 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000779161  
01/11/08-80018-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMERLINCK, ROBERT D 11716 165TH ROAD NORTH JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMERLINCK, TRACY 11716 165TH RD NORTH JUPITER, FL 33478
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IN THIS SPACE**

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:**  **1/7/08** **561-790-2876**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #