


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90143 001 ***350.00

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| DOCUMENT # L04000071740 |  |
| 1. Entity Name LG TURTLE COVE, LLC | |

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| Principal Place of Business 2655 NORTH OCEAN DRIVE, SUITE 310 SINGER ISLAND, FL 33404 | Mailing Address 3540 FOREST HILL BLVD. 203 W PALM BEACH, FL 33406 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 2655 North Ocean Dr 310 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Singer Island FL |
| Zip | Country US |



03242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1743031

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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| 6. Name and Address of Current Registered Agent HEATON, GEORGE W II 2655 NORTH OCEAN DRIVE, SUITE 310 SINGER ISLAND, FL 33404 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HEATON, GEORGE W 2655 NORTH OCEAN DRIVE, SUITE 310 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HEATON, LEE W 2141 ASCOTT ROAD JUNO BEACH, FL 33408 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 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: George W Heaton George W Heaton 3/23/07 5618335500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #