## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000072168

FUNK, CRAIG W

612 HEATHROW DRIVE

LINCOLNSHIRE, IL 60069

Name:

Address:

City-St-Zip:

Entity Name: SFF TURTLE COVE, LLC

FILED May 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3240 CARDINAL DRIVE 3340 CARDINAL DRIVE VERO BEACH, FL 32963 SUITE 101 VERO BEACH, FL 32963 **New Mailing Address: Current Mailing Address:** 3240 CARDINAL DRIVE 3340 CARDINAL DRIVE SUITE 101 VERO BEACH, FL 32963 VERO BEACH, FL 32963 FEI Number: 20-1912577 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHMIDT, GEORGE SCHMIDT, GEORGE 3240 CARDINAL DRIVE 3340 CARDINAL DRIVE VERO BEACH, FL 32963 US SUITE 101 VERO BEACH, FL 32963 US 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. SIGNATURE: GEORGE SCHMIDT 05/03/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SCHMIDT, GEORGE Name: Name: Address: 910 SEAGRAPE LANE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: FARROW, DAVID A Name: Address: 896 SANDFLY LANE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE SCHMIDT MGRM 05/03/2007