

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000006095

FILED
Jul 29, 2009
Secretary of State**Entity Name:** TURTLE HATCH INVESTMENTS, LLC**Current Principal Place of Business:**26381 S. TAMiami TRAIL
SUITE 300
BONITA SPRINGS, FL 34134**New Principal Place of Business:****Current Mailing Address:**26381 S. TAMiami TRAIL
SUITE 300
BONITA SPRINGS, FL 34134**New Mailing Address:****FEI Number:** 38-3714466**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY
SUITE 115
NAPLES, FL 34105 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: CRAVEN, RICHARD
Address: 5200 WILSON ROAD, #201
City-St-Zip: EDINA, MN 55424**Title:** MGRM (X) Delete
Name: LAUER, FREIDA
Address: 26381 S. TAMiami TRAIL, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134**Title:** MGRM () Delete
Name: NASHMAN, JAMES A
Address: 26381 S. TAMiami TRAIL, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES A. NASHMAN

MGRM

07/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date