

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042777

FILED
Apr 14, 2007
Secretary of State

Entity Name: TURACAMO, LLC

Current Principal Place of Business:

6200 NE 52ND STREET
SILVER SPRINGS, FL 34488 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2482
SILVER SPRINGS, FL 34489 US

New Mailing Address:

FEI Number: 20-2768616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN
1531 SE 36TH AVENUE
OCALA, FL 34471 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: CAMIRE, NELSON P JR.
Address: 6200 NE 52ND STREET
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: M () Delete
Name: CAMIRE, JILL C
Address: 6200 NE 52ND STREET
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: M () Delete
Name: TUCK, F. THOMAS
Address: P.O. BOX 4923
City-St-Zip: OCALA, FL 34478 US

Title: M () Delete
Name: MORSE, MICHAEL M
Address: 4657 NE 60TH TERRACE
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: M () Delete
Name: MORSE, PAMELA J
Address: 4657 NE 60TH TERRACE
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: M () Delete
Name: RAGAN, MARIE A
Address: 82 VIENS ROAD
City-St-Zip: ST. ALBANS, VT 05478 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TUCK, FRANK T
Address: P.O. BOX 4923
City-St-Zip: OCALA, FL 34478 US

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 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: NELSON CAMIRE, JR.

MGRM

04/14/2007

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