2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# L05000042777

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	(X) Delete
Name:	CAMIRE, JILL C	
Address:	6200 NE 52ND STREET	
City-St-Zip:	SILVER SPRINGS, FL 34488 US	
Title:	MGRM	( ) Delete
Name:	TUCK, FRANK T	
Address:	P.O. BOX 4923	
City-St-Zip:	OCALA, FL 34478 US	
Title:	M	(X) Delete
Name:	MORSE, MICHAEL M	
Address:	4657 NE 60TH TERRACE	
City-St-Zip:	SILVER SPRINGS, FL 34488 US	
Title:	M	(X) Delete
Name:	MORSE, PAMELA J	
Address:	4657 NE 60TH TERRACE	
City-St-Zip:	SILVER SPRINGS, FL 34488 US	
Title:	M	(X) 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: NELSON P. CAMIRE, JR. MGRM 04/10/2008

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