
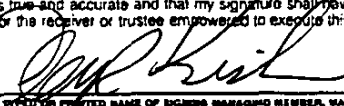


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90094 031 \*\*\*\*50.00

<b>DOCUMENT # L05000049841</b>					
1. Entity Name <b>TURTLE MOUND ASSOCIATES, LLC</b>					
Principal Place of Business <b>42 OAK TREE DRIVE NEW SMYRNA BEACH FL 32169</b>			Mailing Address <b>42 OAK TREE DRIVE NEW SMYRNA BEACH FL 32169</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>13-4306410</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHIRLEY, JONATHAN W 171 CIRCLE DRIVE MAITLAND FL 32751</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
B. 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 registering) Signature, typed or printed name of registered agent and title (if applicable) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KISLER, AL 42 OAK TREE DRIVE NEW SMYRNA BEACH FL 32169	<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 Section 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:  <b>S. Moore</b> 06 (386) 422-9070					
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____					



ATTACHMENT  
30002406

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2006

TURTLE MOUND ASSOCIATES, LLC  
42 OAK TREE DRIVE  
NEW SMYRNA BEACH, FL 32169

Subject: TURTLE MOUND ASSOCIATES, LLC

Reference Number:

L05000049841

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT  
30002406

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

TURTLE MOUND ASSOCIATES, LLC  
42 OAK TREE DRIVE  
NEW SMYRNA BEACH, FL 32169

Subject: TURTLE MOUND ASSOCIATES, LLC

Reference Number: L05000049841

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/CD  
ANNUAL REPORTS SECTION