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**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-06-2006 90204 025 ****50.00

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DOCUMENT # L05000102555			
1. Entity Name GREEN TURTLE ASSOCIATES, LLC			
Principal Place of Business 212 CARIBBEAN ROAD PALM BEACH, FL 33480		Mailing Address 212 CARIBBEAN ROAD C/O DOUGLAS BUCK PALM BEACH, FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent ATTERBURY, WILLIAM W III 340 ROYAL POINCIANA WAY, SUITE 321 C/O ALLEY, MAASS, ROGERS & LINDSEY PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when not standing) DATE			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUCK, DOUGLAS J 212 CARIBBEAN ROAD PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINDSAY, BARBARA D 212 CARIBBEAN ROAD PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOTHROP MORRIS, ALLEN 255 EL PUEBLO WAY PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition Morris, Allen L.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEE MORRIS, DONNA 255 EL PUEBLO WAY PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition Morris, Donna L.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 508, Florida Statutes.			
SIGNATURE: <u><i>Douglas J. Buck</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF PERSON MANAGING BUSINESS, MANAGER, OR AUTHORIZED REPRESENTATIVE		2-28-2006 561-659-1770 Date Daytime Phone #	