
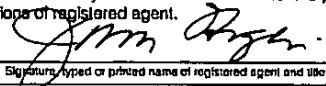



# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 18 AM 8:57

DOCUMENT # L05000118525					
1. Entity Name SLM TURBO INVESTMENTS, L.L.C.					
Principal Place of Business 515 EAST GARDEN STREET LAKELAND, FL 33805			Mailing Address PO BOX 1725 LAKELAND, FL 33802		
2. Principal Place of Business - No P.O. Box # 27634 Cashford Circle		3. Mailing Address P.O. Box 47207			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wesley Chapel, FL		City & State Tampa, FL		4. FEI Number NOT APPLICABLE	
Zip 33543		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33646		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOPPE, JONN D 225 EAST LEMON STREET, SUITE 300 LAKELAND, FL 33801			Name John S. Inglis		
			Street Address (P.O. Box Number is Not Acceptable)		
			101 E. Kennedy Blvd., Ste. 2800		
			City Tampa		FL Zip Code 33602
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 		John S. Inglis		06/11/2008	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYERSON, LANCE R M.D. <del>515 EAST GARDEN STREET</del> LAKELAND, FL 33805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	27634 Cashford Circle Wesley Chapel, FL 33543	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINGAMALLU, RATNAMANI M.D. <del>515 EAST GARDEN STREET</del> LAKELAND, FL 33805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800131506538 06/19/08-01035--012 **50.00	
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	
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	
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	
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 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 608, Florida Statutes.					
SIGNATURE: 		Lance R. Meyerson, MD, MGR		06/11/2008 813-907-9992	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



06102008 Chg-LLC CR2E083 (12/06)

B. Tacklock JUN 18 2008