

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90079 036 ****50.00

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DOCUMENT # L06000040095 1. Entity Name TORTUGA PENTHOUSE, LLC			
Principal Place of Business 475 CENTRAL AVENUE SUITE 202 ST. PETERSBURG, FL 33701 US		Mailing Address C/O ERNEST L. MASCARA 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG, FL 33701 US	
2. Principal Place of Business - No P.O. Box # 115 3RD ST SOUTH Suite, Apt. #, etc.		3. Mailing Address 115 3RD ST SOUTH Suite, Apt. #, etc.	
City & State BRADENTON BEACH FL Zip 34217		City & State BRADENTON BEACH FL Zip 34217	
Country USA		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MASCARA, ERNEST L 475 CENTRAL AVENUE SUITE 202 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name TEITELBAUM, DAVID Street Address (P.O. Box Number is Not Acceptable) 115 3RD ST SOUTH City & State BRADENTON BEACH FL	
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.		Zip Code 34217	
SIGNATURE <small>Signature of registered agent and date if applicable</small>		DAVID TEITELBAUM 2/15/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TEITELBAUM, DAVID 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TEITELBAUM, DAVID 115 3RD ST SOUTH BRADENTON BEACH FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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:		DAVID TEITELBAUM 2/15/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	
<small>Daytime Phone #</small>		941-778-0156	