

2008

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 15, 2008 8:00 am  
Secretary of State**

05-15-2008 90075 050 \*\*\*138.75

<b>DOCUMENT #</b> L06000051439
<b>1. Entity Name</b> Turtle Walk Investments, LLC

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>2. Principal Place of Business</b> 3900 N.E. 1st Ave. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3900 N.E. 1st Ave. Suite, Apt. #, etc.
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<b>City &amp; State</b> Miami, FL Zip 33137-3608	<b>Country</b>	<b>City &amp; State</b> Miami, FL Zip 33137-3608	<b>Country</b>
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<b>4. FEI Number</b> 74-3179668	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

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<b>7. Name and Address of Current Registered Agent</b>
<b>Name</b> Santamarina, Raul
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 9411 S.W. 55th St.
<b>City</b> Miami
<b>FL</b> <b>Zip Code</b> 33165

<b>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.</b>
<b>SIGNATURE</b> _____ Signature, typed or printed name of registered agent and title if applicable.
<b>DATE</b> _____

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM Santamarina, Raul 9411 S.W. 55th St. Miami, FL 33165	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM Santamarina, Maria 9411 S.W. 55th St. Miami, FL 33165	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Raul Santamarina **Raul Santamarina** 4-23-08 **305-576-5545**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**