

2009

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 27 PM 3:36

DOCUMENT # L06000051439	
1. Entity Name	
Turtle Walk Investments, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3900 N.E. 1st Ave.	3900 N.E. 1st Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Miami, FL	Miami, FL
Zip	Zip
33137-3608	33137-3608
Country	Country

DO NOT WRITE IN THIS SPACE

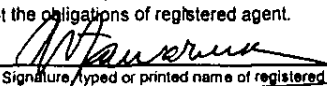
200152394272
04/24/09--01039--014 **138.75
DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
74-3179668	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name	Santamarina, Raul
Street Address (P.O. Box Number is Not Acceptable)	9411 S.W. 55th St.
City	Miami
State	FL
Zip Code	33165

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  DATE 4-10-09

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75
Make Ck. Payable to Fla. Dept. of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	Santamarina, Raul	NAME	
STREET ADDRESS	9411 S.W. 55th St.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33165	CITY - ST - ZIP	
TITLE	MGRM	TITLE	
NAME	Santamarina, Maria	NAME	
STREET ADDRESS	9411 S.W. 55th St.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33165	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 4-10-09 305-576-5545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #