

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069850

FILED
Apr 30, 2009
Secretary of State

Entity Name: TURNPIKE 75 HOLDINGS, LLC

Current Principal Place of Business:

C/O ALBERTO J. PARLADE
7050 SW 86TH AVENUE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

C/O ALBERTO J. PARLADE
7050 SW 86TH AVENUE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 20-8636600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARLADE, ALBERTO J
7050 SW 86 AVENUE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARRO, JOSE
Address: 7050 SW 86 AVENUE
City-St-Zip: MIAMI, FL 33143 US

Title: MGR () Delete
Name: VINAS, ROBERTO
Address: 13255 SW 135 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Delete
Name: SIU, JAVIER
Address: 13255 SW 135 AVENUE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CAPITAL INVESTMENT
Address: 141 ALMEIRA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE CARRO

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date