

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081435

FILED
Apr 05, 2007
Secretary of State

Entity Name: TORTUGA WEST HOUSING, LLC

Current Principal Place of Business:

201 FRONT STREET, SUITE 107
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET, SUITE 107
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: MGRM () Delete
Name: SWIFT, EDWIN O III
Address: 201 FRONT STREET, SUITE 107
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: BELLAND, CHRISTOPHER C
Address: 201 FRONT STREET, SUITE 107
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: MOSHER, GERALD R
Address: 201 FRONT STREET, SUITE 107
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER BELLAND

MGRM

04/05/2007

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