

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102485

FILED
Apr 21, 2008
Secretary of State

Entity Name: OUR TURN INVESTMENTS, LLC

Current Principal Place of Business:

1990 MAIN STREET, SUITE 750
SARASOTA, FL 34236

New Principal Place of Business:

7326 WEEPING WILLOW DRIVE
SARASOTA, FL 34241

Current Mailing Address:

1990 MAIN STREET, SUITE 750
SARASOTA, FL 34236

New Mailing Address:

7326 WEEPING WILLOW DRIVE
SARASOTA, FL 34241

FEI Number: 26-1200268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, BRADLEY
1990 MAIN STREET, SUITE 750
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

COHEN, BRADLEY
7326 WEEPING WILLOW DRIVE
SARASOTA, FL 34241 US

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:

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, BRADLEY
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COHEN, BRADLEY
Address: 7326 WEEPING WILLOW DR
City-St-Zip: SARASOTA, FL 34241

Title: MGR () Change (X) Addition
Name: HANAN, STACY G
Address: 4732 ACORN CIR
City-St-Zip: SARASOTA, FL 34233

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: /S/ STACY HANAN

MGR

04/21/2008

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