2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000126688

1. Entity Name
TURTLE CREEK HOLDINGS, LLC

Principal Place of Business	Mailing Address
7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256 US	7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256 US
2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03192008   Chg-LLC   CR2E083 (12/06)

4. FEI Number	[X] Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

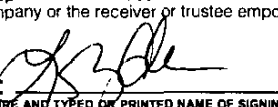| **6. Name and Address of Current Registered Agent**	**7. Name and Address of New Registered Agent**
ALLEN, LAURA H 7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256	Name: Allen, Laura Henry
	Street Address (P.O. Box Number is Not Acceptable): 7220 Financial Way - Suite 400
	City: Jacksonville **FL** Zip Code 32256

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 _____   Laura Henry Allen   3/26/2008
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUDSON ST. JOHNS ASSOCIATES, INC.		NAME	
STREET ADDRESS	7220 FINANCIAL WAY, SUITE 400		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Laura Henry Allen   3/22/08   904-296-800L
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #