


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 17 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000286			
Turtle LAKE LLC 2801 SW 37th Terr CAPE CORAL, FL 33914		1a. Principal Place of Business Address 2801 SW 37th Terr CAPE CORAL, FL 33914			
2. Principal Place of Business Florida		2a. Mailing Address 2801 SW 37th Terr		3. Date Organized or Qualified 6-20-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FEI Number 65-0513312	
Zip 33914		Zip 33914		5. Date of Last Report 2-97	
Country US		Country US		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent Joseph A Brooke			8. Name and Address of New Registered Agent/Office		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable) 600002497206--3		
Suite, Apt. #, etc.			Suite, Apt. #, etc. -04/22/98 --01108--001 ***188.00 ***188.00		
City			City FL		
Zip Code			Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE		Joseph A Brooke		DATE 7-15-98	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
	Joseph A Brooke	2801 SW 37th Terr	CAPE CORAL, FL		
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:		Joseph A Brooke		DATE 7-15-98 941-540-7278	
		SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	