2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000002802

1. Entity Name MAKA OF TURTLELAND, LLC



Principal Place of Business

Mailing Address

14155 U.S. HIGHWAY ONE, SUITE 310 JUNO BEACH, FL 33408

14155 U.S. HIGHWAY ONE, SUITE 310 JUNO BEACH, FL 33408

FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90034 036 ****50.00



DO NOT WRITE IN THIS SPACE

01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For 65-0874323 Not Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PURCELL, JOHN R 14155 U.S. HIGHWAY ONE, SUITE 310 JUNO BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	PURCELL, JOHN R			
STREET ADDRESS	14155 U.S. HIGHWAY ONE, SUITE 310			
CITY-ST-ZIP	JUNO BEACH, FL 33408			
TITLE '-				
NAME				
STREET ADDRESS				
CITY-\$1-ZIP				
TITLE				
NAME				
STREET ADDRESS			חס אס	TMDITE
CITY-ST-ZIP		•	טא טע	T WRITE
TITLE			INI THIC	SPACE
NAME		, ~	IN THIS	SPACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/10/06

561-621-2000

Daytima Phone #