

10. The limited liability company is to be managed by:

(Check one box only)

its members or by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

<u>Manager</u>	<u>Address</u>
Elizabeth DeVos	41 Jennings Road, South Kent, CT 06785
Mark Preston	21 Brainard Road, West Hartford, CT 06117
Matthew Preston	98 West Beach Drive, Stratford, CT 06615

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: Jan 9, 2003

TURTLE SWAMP LLC
Print Exact Name of Limited Liability Company Making Application

By Elizabeth DeVos
Signature of authorized person

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

TURTLE SWAMP LLC

is in existence.



Secretary of the State

Date Issued: December 26, 2002