


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013557

1. Entity Name
TARPON COAST DEVELOPMENT LLC



Principal Place of Business Mailing Address

1116 MALLARD MARSH DRIVE 1116 MALLARD MARSH DRIVE
 OSPREY, FL 34229-6811 US OSPREY, FL 34229-6811 US

DO NOT WRITE IN THIS SPACE



08302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1007240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMIG, MICHAEL V
 1116 MALLARD MARSH DRIVE
 OSPREY, FL 34229-6811

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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: *Michael V Romig* DATE: 09/04/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 8, 2004

000000171871
 09/08/04-20009-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, WENDELL H 59 WEST ST. LEOMINSTER, MA 01453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMIG, MICHAEL V 1116 MALLARD MARSH DRIVE OSPREY, FL 342296811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I 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 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: *Michael V Romig* DATE: 09/04/04 DAYTIME PHONE #: 941-223-1872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #