


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L02000013604**  
1. Entity Name  
**TARPON COAST BUILDERS 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 <b>33-1007242</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**ROMIG, MICHAEL V**  
1116 MALLARD MARSH DRIVE  
OSPREY, FL 34229-6811

**DO NOT WRITE IN THIS SPACE**

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)

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

U00000171872  
09/08/04-80009-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROMIG, MICHAEL V 1116 MALLARD MARSH DRIVE OSPREY, FL 342296811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TARPON COAST DEVELOPMENT LLC 1116 MALLARD MARSH DRIVE OSPREY, FL 342296811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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