

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0019815

DOCUMENT # L02000013604

1. Entity Name  
**TARPON COAST BUILDERS LLC**



FILED

2003 OCT -3 AM 10: 07

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**1116 MALLARD MARSH DRIVE  
OSPREY FL 34229-6811  
US**

Mailing Address  
**1116 MALLARD MARSH DRIVE  
OSPREY FL 34229-6811  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**33-1007242**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

**000023545790**  
**09/23/03--01067--010 \*\*55.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
NAME **LOTZ, CHARLES T**  
STREET ADDRESS **200 HARBOR DRIVE**  
CITY-ST-ZIP **VENICE FL 34285**

TITLE **MGR**  Change  Addition  
NAME **MICHAEL V. ROMIG**  
STREET ADDRESS **1116 MALLARD MARSH DR**  
CITY-ST-ZIP **OSPREY, FL 34229-6811**

TITLE **MGRM**  Delete  
NAME **TARPON COAST DEVELOPMENT LLC**  
STREET ADDRESS **1116 MALLARD MARSH DRIVE**  
CITY-ST-ZIP **OSPREY FL 34229-6811**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**09/23/04** **941-223-1872**  
Date Daytime Phone #

CR2E083 (4/03)