


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90031 025 \*\*\*\*50.00

DOCUMENT # L03000050865 1. Entity Name TARPON COAST, L.L.C.	
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Principal Place of Business 12001 BACKWATER RD SARASOTA, FL 34240	Mailing Address 12001 BACKWATER RD SARASOTA, FL 34240
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**20058531**

**DO NOT WRITE IN THIS SPACE**



01142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0453948	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

MICHAEL, BLAIKIE` B  
12001 BACKWATER ROAD  
SARASOTA, FL 34240

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

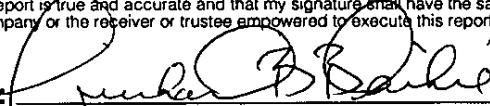
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLAIKIE, MICHAEL 12001 BACKWATER RD SARASOTA, FL 34240
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**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 BLAIKIE 4/21/05 941 302-1372

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