


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90192 044 ****50.00

DOCUMENT # L03000050865

1. Entity Name
TARPON COAST, L.L.C.



Principal Place of Business
**12001 BACKWATER RD
 SARASOTA, FL 34240**

Mailing Address
**12001 BACKWATER RD
 SARASOTA, FL 34240**

2. Principal Place of Business
8213 BLAIKIE CT

3. Mailing Address
8213 BLAIKIE CT

Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34240

Country
USA

4008100



02012006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

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

4. FEI Number
20-0453948

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8213 BLAIKIE CT

City **SARASOTA** **FL** Zip Code **34240**

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)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAIKIE, MICHAEL 12001 BACKWATER RD SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8213 BLAIKIE CT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **94-377-4430**

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