


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # L03000050865
1. Entity Name
TARPON COAST, L.L.C.



Principal Place of Business 8213 BLAIKIE CT SARASOTA, FL 34240	Mailing Address 8213 BLAIKIE CT SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC CR2E083 (11/05)

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
8213 BLAIKIE CT
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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAIKIE, MICHAEL 8213 BLAIKIE CT SARASOTA, FL 34240
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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: *Michael B Blaikie* MICHAEL B BLAIKIE 04/24/2007 941-377-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #