

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040312

FILED
Mar 08, 2009
Secretary of State

Entity Name: TARPON COVE INVESTMENT GROUP, LLC

Current Principal Place of Business:

914 CARRICK BEND CIRCLE, 101
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

439 CHESTERFIELD LANE
VERNON HILLS, IL 60061

New Mailing Address:

FEI Number: 04-3813281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLER, THOMAS H
914 CARRICK BEND CIRCLE, 101
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MULLER, THOMAS H
Address: 439 CHESTERFIELD LANE
City-St-Zip: VERNON HILLS, IL 60061

Title: MGRM () Delete
Name: MULLER, DOUGLAS S
Address: 30 CARLOYN COURT
City-St-Zip: LAKE ZURICH, IL 60047

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS H. MULLER

MGRM

03/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date