

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029768

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: AMPROP HOLDINGS TARPON, LLC

## Current Principal Place of Business:

4210 W. SPRUCE STREET  
SUITE 202  
TAMPA, FL 33607 US

## New Principal Place of Business:

12950 RACETRACK RD. STE 201  
SUITE 201  
TAMPA, FL 33626 US

## Current Mailing Address:

4210 W. SPRUCE STREET  
SUITE 202  
TAMPA, FL 33607 US

## New Mailing Address:

12950 RACETRACK RD. STE 201  
SUITE 201  
TAMPA, FL 33626 US

FEI Number: 20-4531094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHOESSLER, ERIC A  
4210 W. SPRUCE STREET  
SUITE 202  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

SCHOESSLER, ERIC A  
12950 RACETRACK RD. STE 201  
SUITE 201  
TAMPA, FL 33626 US

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:

03/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHOESSLER, ERIC A  
Address: 4210 W. SPRUCE STREET, SUITE 202  
City-St-Zip: TAMPA, FL 33607 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SCHOESSLER, ERIC A  
Address: 12950 RACETRACK RD. STE 201  
City-St-Zip: TAMPA, FL 33626 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC A. SCHOESSLER

MGR

03/29/2007

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