

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034964

FILED
Aug 30, 2007
Secretary of State

Entity Name: 203 TARPON STREET, LLC

Current Principal Place of Business:

180 SUNRISE DRIVE
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

C/O CECIL FEDERAL BANK
P.O. BOX 469
ELKTON, MD 21921 US

New Mailing Address:

910 WEST PULASKI HIGHWAY
ELKTON, MD 21921 US

FEI Number: 20-4639733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPOSATO, CHARLES F
180 SUNRISE DRIVE
TAVERNIER, FL 33070 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: SPOSATO, CHARLES F
Address: P O BOX 469
City-St-Zip: ELKTON, MD 21921 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPOSATO, CHARLES F
Address: 910 WEST PULASKI HIGHWAY
City-St-Zip: ELKTON, MD 21921 US

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: CHARLES F SPOSATO

MGRM

08/30/2007

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