

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