

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000002025

1. Entity Name  
TARPON BAY INVESTORS LTD



Principal Place of Business  
777 S HARBOUR ISLAND BLVD  
SUITE 877  
TAMPA, FL 33602 US

Mailing Address  
777 S HARBOUR ISLAND BLVD  
SUITE 877  
TAMPA, FL 33602 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005

Chg-LP

CR2E003 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARROD, CHADWICK W  
777 S HARBOUR ISLAND BLVD  
SUITE 877  
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME HARROD, CHADWICK W  
STREET ADDRESS 777 S HARBOUR ISLAND BLVD, STE 877  
CITY-ST-ZIP TAMPA, FL 33602

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME WEBSTER, ROBERT C II  
STREET ADDRESS 777 S HARBOUR ISLAND BLVD, STE 877  
CITY-ST-ZIP TAMPA, FL 33602

STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

813-  
4-28-05 229-1500  
Date Daytime Phone #

FILED  
05 APR 29 PM 6:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE