


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000002025 1. Entity Name TARPON BAY INVESTORS LLLP	
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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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2024811	Applied For
APPLIED FOR	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARROD, CHADWICK W 777 S HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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  DATE **4-5-06**

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

000000518035
 05/01/06-80072-012 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE **4-5-06** (813) 229-1500

STAPLE CHECK HERE