

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000001011

1. Entity Name
TARPON HOUSE, LLLP



FILED
07 MAY 18 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
1700 SOUTH MACDILL AVENUE, STE. 340 **1700 SOUTH MACDILL AVENUE, STE. 340**
TAMPA, FL 33629 **TAMPA, FL 33629**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132007 Chg-LP CR2E003 (12/06)

4. FEI Number
20-5384195

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

TOBACK, DAVID
1700 SOUTH MACDILL AVENUE, STE. 340
TAMPA, FL 33629

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # **L06000079747**
 NAME **TARPON HOUSE GP, LLC**
 STREET ADDRESS **1700 SOUTH MACDILL AVENUE, STE. 340**
 CITY-ST-ZIP **TAMPA, FL 33629**

STREET ADDRESS

CITY-ST-ZIP

200103606242
05/31/07--01025--002 **500.00

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CITY-ST-ZIP

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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:

Andree V. Pittman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/07 8/13-258 1748
 Date Daytime Phone #

Andree V. Pittman

STAPLE CHECK HERE