## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

**DOCUMENT # A0600001011** 

1. Entity Name
TARPON HOUSE, LLLP



Apr 23,2008 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE

Mailing Address

1700 SOUTH MACDILL AVENUE, STE. 340 TAMPA, FL 33629  $_{\mbox{\tiny LL}}$ 

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



04152008 No Chg-LP

CR2E003 (12/06)

4 FF1 M			Applied For
4. FEI Number			Applied For
20-5384195			Not Applicable
5. Certificate of Status Desired	□ \$	8.75	Additional

6. Name and Address of Current Registered Agent

TOBACK, DAVID 1700 SOUTH MACDILL AVENUE, STE. 340 TAMPA, FL. 33629 DO NOT WRITE IN THIS SPACE

8.	<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or regis</li> </ol>	istered agent, or both, in the State of Florida. I am familiar with, and accept	
	the obligations of registered agent.	110000001 #443	

and an existent arrange of acceptance against and title if applicable

-95/99/9<del>0-99015-012-500.00</del>

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

GENERAL PARTNER INFORMATION 06000079747 ARPON HOUSE GP, LLC 700 SOUTH MACDILL AVENUE, STE. 340 AMPA, FL 33629	
ARPON HOUSE GP, LLC 700 SOUTH MACDILL AVENUE, STE. 340	
700 SOUTH MACDILL AVENUE, STE. 340	
AMPA, FL 33629	١
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	tify that the information supplied with this filing does not qualify for

DO NOT WRITE

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:

Instyleth

Treaty A Smith

4.18.08

813-2587748

Daytime Phone #