2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State
04-20-2005 90035 011 ****50.00

DOCUMENT # L01000000630

1. Entity Name
TARPON PLAZA LLC

Principal Place of Business	Mailing Address
EBB TIDE REALTY INC. 4880 PLACIDA RD., UNIT G ENGLEWOOD FL 34224	2360 EAST STADIUM BLVD., SUITE 16 ANN ARBOR MI 48104

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 31-1747485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOOTTEN, DANIEL EBB TIDE REALTY INC. 4880 PLACIDA RD., UNIT G ENGLEWOOD FL 34224	Name: Dan Wootten Street Address (P.O. Box Number is Not Acceptable): 191 Caddy Rd City: Rotonda West, FL Zip Code: 33947

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] 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTEN, RONALD D		NAME		
STREET ADDRESS	359 EAGLE RIDGE COURT		STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI 48103		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: [signature] 4/15/05 (734)973-3185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #