

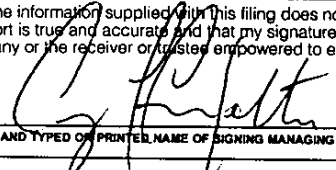


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 013 ****50.00

DOCUMENT # L02000002724 1. Entity Name TARPON BRACE AND LIMB, L.L.C.					
Principal Place of Business 12296 WINDTREE BLVD. SEMINOLE, FL 33772			Mailing Address 12296 WINDTREE BLVD. SEMINOLE, FL 33772		
2. Principal Place of Business 8660 Gulf Blvd.		3. Mailing Address 8660 Gulf Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Pete Beach, FL		City & State St. Pete Beach, FL			
Zip 33707		Country USA		02152006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 26-0051593		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FROUNFELTER, CARY 12296 WINDTREE BLVD. SEMINOLE, FL 33772		7. Name and Address of New Registered Agent Name Frounfelter, Cary Street Address (P.O. Box Number is Not Acceptable) 8660 Gulf Blvd. City St. Pete Beach, FL Zip Code 33707			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROUNFELTER, CARY 12296 WINDTREE BLVD. SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Frounfelter, Cary 8660 Gulf Blvd. St. Pete Beach, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small> 4/3/06 <small>Daytime Phone #</small>					