

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0019616

DOCUMENT # L02000013557

1. Entity Name

TARPON COAST DEVELOPMENT LLC



FILED

2003 OCT -3 AM 10:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1116 MALLARD MARSH DRIVE
OSPREY FL 34229-6811
US

Mailing Address

1116 MALLARD MARSH DRIVE
OSPREY FL 34229-6811
US

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

33-1007240

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

ROMIG, MICHAEL V
1116 MALLARD MARSH DRIVE
OSPREY FL 34229-6811

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

200023545772

10/03/03--01067--009 **55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOTZ, CHARLES T
202 HARBOR DRIVE SOUTH
VENICE FL 34285
☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WENDELL H. HUGHES
59 WEST ST.
LEOMINSTER, MA 01453
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TARPON COAST DEVELOPMENT LLC
1116 MALLARD MARSH DRIVE
OSPREY FL 34229-6811
☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MICHAEL V. ROMIG
1116 MALLARD MARSH DRIVE
OSPREY, FL 34229-6811
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

MICHAEL V. ROMIG
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

09/23/04

Daytime Phone #

941-223-1872

CR2E083 (4/03)