


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000016610</b> 1. Entity Name TARPON INVESTMENTS, L.L.C.	
--	---

Principal Place of Business 4403 SNEAD ISLAND ROAD PALMETTO, FL 34221	Mailing Address 1808 82ND ST. NW BRADENTON, FL 34209
---	--



02132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3783562	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  TRAVIS, JAY 4403 SNEAD ISLAND ROAD PALMETTO, FL 34221
--

**DO NOT WRITE  
IN THIS SPACE**

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 filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURLINGTON, CRAIG A 1808 82ND ST NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000248190  
03/02/05-80020-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

2/20/05 941-915-7455  
Date Daytime Phone #