

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90031 043 ****50.00

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1. Entity Name
JY TARPON PROPERTIES, LLC



Principal Place of Business
5453 CENTRAL AVE.
ST. PETERSBURG, FL 33710

Mailing Address
P.O. BOX 4192
ST. PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE



03102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
26-6683082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P.
315 S. HYDE PARK AVE.
TAMPA, FL 33606

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE - MGRM
NAME YANCHUCK, JOEL P
STREET ADDRESS PO BOX 4192
CITY-ST-ZIP ST. PETERSBURG, FL 337314192

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

3/13/06

Date

727-8226313

Daytime Phone #