

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032609

1. Entity Name
TARPON ENERGY COMPANY, L.L.C.



Principal Place of Business
2150 ANDREA LANE
FORT MYERS, FL 33912

Mailing Address
2150 ANDREA LANE
FORT MYERS, FL 33912



01092004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2093118

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUGHES, SR., ROBERT K
2150 ANDREA LANE
FORT MYERS, FL 33912

**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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HUGHES, SR., ROBERT K
STREET ADDRESS	2150 ANDREA LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	T
NAME	INGE, RON
STREET ADDRESS	5571 HALIFAX
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	S
NAME	HARPER, DAN
STREET ADDRESS	5571 HALIFAX
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	VP
NAME	MCNEW, QUINTON
STREET ADDRESS	5571 HALIFAX
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000005237
01/15/04-80046-007 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 Date Daytime Phone #