

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 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**



02072007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

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	

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02/22/07-80036-025 50.00

**DO NOT WRITE
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:

Quinton B. McNew

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

2/2/07

Date

Daytime Phone #