[redacted] ED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 16, 2003 8:00 am
Secretary of State
03-18-2003 90155 005 ****50.00

DOCUMENT # L02000032609

1. Entity Name

TARPON ENERGY COMPANY, L.L.C.

[redacted]

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DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2150 Andrea Lane	2150 Andrea Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33912 Country: Fee	Zip: 33912 Country: Fee

4. FEI Number: 54-2093118 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Robert K Hughes Sr

Street Address (P.O. Box Number is Not Acceptable): 2150 Andrea Lane

City: Fort Myers FL Zip Code: 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $60.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS	
TITLE	PRESIDENT
NAME	Robert K Hughes Sr
STREET ADDRESS	2150 Andrea Lane
CITY-ST-ZIP	Fort Myers FL 33912
TITLE	Treasurer
NAME	Ron Inge
STREET ADDRESS	5571 Halifax
CITY-ST-ZIP	Fort Myers FL 33912
TITLE	Secy
NAME	Dan Hooper
STREET ADDRESS	5571 Halifax
CITY-ST-ZIP	Fort Myers FL 33912
TITLE	Vice-Pres
NAME	Quinton McPew
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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CR2E083B (12/02)

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: _____ 3-14-03 239-481-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #