


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90127 025 ****50.00

DOCUMENT # L03000014413	
1. Entity Name TARRAGONA DEVELOPMENTS, L.L.C.	

Principal Place of Business 350 PENSACOLA BEACH BLVD., SUITE 7 GULF BREEZE, FL 32561	Mailing Address P.O. BOX 99 GULF BREEZE, FL 32562
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64000000



2. Principal Place of Business 400 Gulf Breeze Pkwy Suite, Apt. #, etc. Suite 208 City & State Gulf Breeze, FL Zip 32561 Country Santa Rosa	3. Mailing Address Suite, Apt. #, etc. City & State City Country
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02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0827878	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 LYONS, MARK III 350 PENSACOLA BEACH BLVD., SUITE 7 GULF BREEZE, FL 32561	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

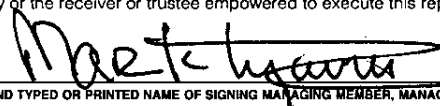
**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mark Lyons, III 350 Pensacola Beach Blvd, Suite 7 Gulf Breeze, FL 32561 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 Gulf Breeze Pkwy - Suite 208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM W. Brooks Lyons 350 Pensacola Beach Blvd, Suite 7 Gulf Breeze, FL 32561 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 Gulf Breeze Pkwy - Suite 208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/15/04

Date

850934-0440

Daytime Phone #