

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90088 032 \*\*\*\*50.00

**DOCUMENT # L03000014413**

**1. Entity Name**

**TARRAGONA DEVELOPMENTS, L.L.C.**



**Principal Place of Business**

~~400 GULF BREEZE PKWY, STE 200~~  
**GULF BREEZE FL 32561**

**Mailing Address**

**P.O. BOX 99**  
**GULF BREEZE FL 32562**

**2. Principal Place of Business**

**77 Baybridge Office Park**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

Zip **32561** Country

**City & State**

Zip Country

**4. FEI Number**

**55-0827878**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LYONS, MARK III**

~~850 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)**

**77 Baybridge Office Park**

**City**

**Gulf Breeze**

**FL**

**Zip Code**

**32561**

**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

**Mark Lyons III**

(NOTE: Registered Agent signature required when reinstating)

**4/10/05**

**DATE**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** **MGRM** ☐ Delete  
**NAME** **LYONS, MARK III**  
**STREET ADDRESS** ~~400 GULF BREEZE PKWY, STE 200~~  
**CITY-ST-ZIP** **GULF BREEZE FL 32561**

**TITLE** **MGRM** ☐ Delete  
**NAME** **LYONS, W. BROOKS**  
**STREET ADDRESS** ~~400 GULF BREEZE PKWY, STE 200~~  
**CITY-ST-ZIP** **GULF BREEZE FL 32561**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **77 Baybridge Office Park**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **77 Baybridge Office Park**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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

**Mark Lyons III**

**Mark Lyons III**

**4/10/05**

Date

**850 934-0440**

Daytime Phone #