

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015923

Entity Name: TARPON WON LLC

FILED  
Feb 15, 2006  
Secretary of State

**Current Principal Place of Business:**

444 BRICKELL AVE., STE. 900  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

444 BRICKELL AVE., STE. 900  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 13-4250024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, STUART K ESQ  
C/O HUNTON & WILLIAMS LLP  
1111 BRICKELL AVE., STE. 2500  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

DUNNE, LORRI L COO  
444 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

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.

SIGNATURE: LORRI L. DUNNE, COO

02/15/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DE OLAZARRA, ALLEN C  
Address: 444 BRICKELL AVENUE, SUITE 900  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Delete  
Name: PRIO TOUZET, RODOLFO  
Address: 444 BRICKELL AVENUE, SUITE 900  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALLEN C. DE OLAZARRA

MGRM

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date