

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019972

FILED
May 01, 2004
Secretary of State

Entity Name: TARPON 15, LLC

Current Principal Place of Business:

365 JACARANDA DRIVE
PLANTAITON, FL 33324 FL

New Principal Place of Business:

5700 S. FLAMINGO ROAD
COOPER CITY, FL 33330 FL

Current Mailing Address:

365 JACARANDA DRIVE
PLANTAITON, FL 33324 FL

New Mailing Address:

900 S. STATE ROAD 7
PLANTAITON, FL 33317 FL

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIN, STEVEN A
900 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOLDSTEIN, WILLIAM
Address: 365 JACARANDA DRIVE
City-St-Zip: PLANTAITON, FL 33324 FL

Title: MGRM () Delete
Name: GOLDSTEIN, LOU
Address: 365 JACARANDA DRIVE
City-St-Zip: PLANTAITON, FL 33324 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOLDSTEIN, WILLIAM
Address: 900 SOUTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317 FL

Title: MGRM (X) Change () Addition
Name: GOLDSTEIN, LOU
Address: 900 S. STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317 FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM GOLDSTEIN

MGRM

05/01/2004

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