

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020632

Entity Name: TARPON GROUP, LLC

FILED
Aug 28, 2008
Secretary of State

Current Principal Place of Business:

442 W KENNEDY BLVD Q
#240
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1624
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 06-1704151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BASKETTE, JON P
442 W KENNEDY BLVD
#240
TAMPA, FL 33601 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BASKETTE, JON P
Address: 10101 LINDELAAN DR
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: HAMBY, MICHAEL
Address: 2440 W. HORATIO STREET
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: BURMER, FREDERICK JAY
Address: 5903 S ELKINS AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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

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 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: MICHAEL HAMBY

MGRM

08/28/2008

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