

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020639

FILED
Jan 15, 2009
Secretary of State

Entity Name: WALVEKAR TARPON, L.L.C.

Current Principal Place of Business:

37600 - 37900 VAN DYKE AVE.
STERLING HEIGHTS, MI 48312 US

New Principal Place of Business:

Current Mailing Address:

3754 WABEEK LAKE DR; EAST
BLOOMFIELD HILLS, MI 483021212

New Mailing Address:

FEI Number: 37-1468303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALVEKAR, SHALINI V
2676 BAYSHORE BLVD.
DUNEDIN, FL 346981850 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/MANAGERS:

Title: M.M. () Delete
Name: WALVEKAR, SHALINI V
Address: 3754 WABEEK LAKE DR; EAST
City-St-Zip: BLOOMFIELD HILLS,, MI 48302

Title: M.M. () Delete
Name: WALVEKAR, SUPRINA
Address: 3754 WABEEK LAKE DR; EAST,
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: M.M. () Delete
Name: WALVEKAR, VIJAY S
Address: 3754 WABEEK LAKE DR; EAST
City-St-Zip: BLOOMFIELD HILLS, MI 48302

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: SHALINI V. WALVEKAR

MRS.

01/15/2009

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