


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90042 035 ****55.00

DOCUMENT # L03000031796

1. Entity Name
TARPON ANGLERS CLUB, LLC



Principal Place of Business 1189 TAMiami TRAIL PORT CHARLOTTE, FL 33953	Mailing Address 1189 TAMiami TRAIL PORT CHARLOTTE, FL 33953
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DO NOT WRITE IN THIS SPACE



03012005No Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1183153	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**INGMAN, GARY
 1189 TAMiami TRAIL
 PORT CHARLOTTE, FL 33953**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

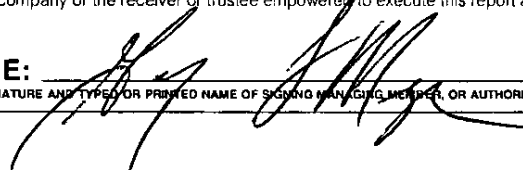
**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INGMAN, GARY 1189 TAMiami TRAIL PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIZE, GARY 1189 TAMiami TRAIL PORT CHARLOTTE, FL 33953
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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:  **4/14/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

941-255-1555