


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 |
|--|--|



03012005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 57-1183153 | Applied For <input type="checkbox"/> 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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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