


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031796
 1. Entity Name
 TARPON ANGLERS CLUB, LLC



Principal Place of Business Mailing Address
 1189 TAMiami TRAIL 1189 TAMiami TRAIL
 PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33953

DO NOT WRITE IN THIS SPACE



03172006 No Chg-LLC CR2E083 (11/05)
 4. FEI Number Applied For
 57-1183153 Not Applicable
 5. Certificate of Status Desired \$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 title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00
Due by May 1, 2006

8. 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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 04/05/06-80033-015 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: GARY L. MIZE DATE: 3/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Chapter # Filing #

941-255-1555