

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031796

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: TARPON ANGLERS CLUB, LLC

**Current Principal Place of Business:**

1189 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

1189 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

FEI Number: 57-1183153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

INGMAN, GARY  
1189 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953      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: MGRM ( ) Delete  
Name: INGMAN, GARY  
Address: 1189 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGRM ( ) Delete  
Name: MIZE, GARY  
Address: 1189 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33953

**ADDITIONS/CHANGES:**

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: GARY L. MIZE

MGRM

04/27/2009

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