


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000031894</b> 1. Entity Name TARPON PIER, LLC	
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Principal Place of Business 512 20TH AVENUE INDIAN ROCKS BEACH, FL 33785	Mailing Address KOEHLER & COMPANY, P.A. 502 NORTH ARMENIA AVENUE TAMPA, FL 33690
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**DO NOT WRITE IN THIS SPACE**

04192006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0175399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  GOSETT, MIKE 512 20TH AVENUE INDIAN ROCKS BEACH, FL 33785	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

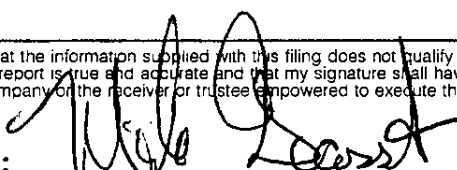
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOSSETT, MIKE 512 20TH AVENUE INDIAN ROCKS BEACH, FL 33785
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U00000565472  
05/20/06-80137-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:  MIKE GOSSETT 5-1-06 727-510-8983

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