


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L03000050865  
 1. Entity Name  
 TARPON COAST, L.L.C.



Principal Place of Business 8213 BLAIKIE CT SARASOTA, FL 34240	Mailing Address 8213 BLAIKIE CT SARASOTA, FL 34240
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**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0453948	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

MICHAEL, BLAIKIE B  
 8213 BLAIKIE CT  
 SARASOTA, FL 34240

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAIKIE, MICHAEL 8213 BLAIKIE CT SARASOTA, FL 34240
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 05/09/07-80129-003 50.00

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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: Michael B Blaikie MICHAEL B BLAIKIE 04/24/2007 941-377-4430  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #