2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000029274

1. Entity Name? TARPON PROPERTIES NAPLES, LLC

FILED
Apr 18, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

336 BLANKENBAKER LANE LOUISVILLE, KY 40207 336 BLANKENBAKER LANE LOUISVILLE, KY 40207



04032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number (61-1483083 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YEAGER CHEFFY, JANE 2375 TAMIAMI TRAIL NORTH, STE. 310 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

			,	
	named entity submits this statement for the purpose of changons of registered agent.	ging its registered office or registered agent, or bot	h, in the State of Florida. 1 am familiar with, and accep	
SIGNATURE Signature, typed or printed name of registored agent and title if applicable. [ROTE: Registered Agent signature required when reinstating]			DATE	
Fi	ling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM GILMOUR, DONALD W 531 RIDGEWOOD ROAD LOUISVILLE, KY 40207	-·	U00000517817 05/01/06-80058-016 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TIFLE NAME STREET ADDRESS				

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 of the eceiver or trustee empowered to execute hips report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

4.15.06