## 2006 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

ANNUAL REPORT					May 02, 2006 08:00 A	
DOCU	MENT # L04000	040302			Secreta	ary of State
1. Entity Name TARPOOI	N COURT LLC		<del>-</del> ·			
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Principal Place		Mailing As				
4828 DAVIS PENSACOLA,			IVIS HWY Dla, Fl. 32503		{	
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	O HOL WILL	* * * * * * * * * * * * * * * * * * *		Office Williams	4. FEI Number. 51-0525068	Applied Fo
					5. Certificate of Status Desired	\$5.00 Additional
{	6. Name and Address of C	Surrent Registered A	gent			Las Vedanad
GERRIEN	BERG, BRYAN	<del>-</del> .				
4828 DAVI	SHWY	-		~ <b>.</b>	DO NOT W	RILE
PENSACO	LA, FL 32503	<del>-6.7</del>			IN THIS SP	ACE
{						
8. The above	named entity submits this state	ement for the purpose	at changing its registe	red office or register	red agent, or both, in the State of Flor	rida. I am familiar with, and acc
the obligati	ions of registered agent	<del>*</del> =	:		•	
SIGNATUR#1	Signature, typed or printed name of registe	red spent and title it applicati	e. (NOTE Registe	red Agent signature required	d when remstaling)	DATE
}`-		<del></del>		<u> </u>	<u> </u>	<del></del>
Ff Di	ling Fee is \$50.00 ue by May 1, 2008					
9.	MANAGING	MEMBERS/MANAGE	BS.		<del></del>	
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NAME SIRELI ADDRESS	GERSTENBERG, BRYAN 4828 DAVIS HWY		ء د	. [		•
CITY-ST-ZIP	PENSACOLA, FL 32503	-		_] '	¬, ; <del>-</del> -	•
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DITY-51-21F				_]	# <sup>2</sup>	
TITLE NAME				Į.		
CTRCCT ADDRCCO	1			1		

11. I hereby certify that the information supplied with this filling 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 eath; 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.

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE