2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054946

Entity Name: TARPON PLAZA LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9724 BLUE STONE CIRCLE FORT MYERS, FL 33913 US

Current Mailing Address: New Mailing Address:

9724 BLUE STONE CIRCLE FORT MYERS, FL 33913 US

FEI Number: 26-0220918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TRUE, SCOTT M 9724 BLUE STONE CIRCLE FORT MYERS, FL 33913 US

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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Title: MGRM () Delete Title: () Change () Addition

 Title:
 MGRM () Delete
 Title:

 Name:
 PIZZUTI, DON F
 Name:

 Address:
 197 PORTLAND STREET
 Address:

 City-St-Zip:
 BOSTON, MA 02114
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 PIZZUTI, MARIA
 Name:
 PIZZUTI, MARIE

 Address:
 197 PORTLAND STREET
 Address:
 197 PORTLAND STREET

 City-St-Zip:
 BOSTON, MA 02114 US
 City-St-Zip:
 BOSTON, MA 02114 US

Title: MGR () Delete Title: () Change () Addition

 Name:
 TRUE, SCOTT M
 Name:

 Address:
 9724 BLUE STONE CIRCLE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33913
 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: SCOTT M. TRUE MGR 01/14/2009