FILE NOW: Fee after May 1, will be \$588.75

	NNUAL RE 1997	Annual Report \$100.	00 + \$103.75	Sandra Secre DIVISION OF Corporation Su	B. Mo tary of CORF	State PORATIONS Intal Fee		- ·	-5 PM 4	,-	
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000001342							\dashv	SECRETARY OF STATE TALLAHASSEE FLORIDA			
TARPIN REALTY, L.C. 191 CLARKSON LANE JOHN'S ISLAND VERO BEACH FL 32963 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.							1a. Principal Place of Business Address 191 CLARKSON LANE JOHN'S ISLAND VERO BEACH FL 32963				
	al Place of Busin			iling Address			3. Date Organiz	ed or Qualified	3a. State of	Formation	
5ame			Same				2/27/19	12/27/1996 FL			
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			4. FEI Number	4 FEI Number			
City & State			City & Sta	City & State			65 - 0715716				
Zip		Country	Zip		Count	ry	5. Date of Last	Report		of Status Desired	
	7. Name s	ind Address of Curren	Registered	Agent			8. Name and Add	iress of New Ro	gistered Age	nt	
DEBLOIS, ARTHUR J JR. 191 CLARKSON LANE JOHN'S ISLAND VERO BEACH FI 32963						Suite, Apt. #, e	Zip Code				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE											
(Registered Agent Accepting Appointmen				NOT€ Registered Age							
	DEBLOIS	aging Members/Manage	JR.		RKSC		OHN'S IS	VERO BE 0002 -02/06 ****2	ACH FL 0798 /97010 03.75 *	059 25023 ***203.75	
indicated of limited liab	on this annual re	he information supplied v port is true and accurate the receiver or trustee e ss.	and that my s	signature shall h	ave the:	same legal effect	t as if made under oat	th; that I am a me	ınaging membe	r or manager of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/28/97

<u>SC1-234-491</u>8 Daytime Phone #

INHSE10 P(12-06)

SIGNATURE: