**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am Secretary of State DOCUMENT # L9600001342 01-23-2002 90052 003 \*\*\*\*50.00 TARPON REALTY, L.C. Principal Place of Business Mailing Address 191 CLARKSON LANE ~191 CLARKSON LANE 909198 JOHN'S ISLAND JOHN'S ISLAND VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0715716 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent - -6. Name and Address of Current Registered Agent-DEBLOIS, ARTHUR J JR. Street Address (P.O. Box Number is Not Acceptable) 191 CLARKSON LANE JOHN'S ISLAND VERO BEACH FL 32963 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS MGRM Change ☐ Addition TITLE Delete TITI F DEBLOIS, ARTHUR J JR. NAME NAME STREET ADDRESS STREET ADDRESS 191 CLARKSON LN. JOHN'S ISLAND CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete - - -TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

1/14/02 561-234-49/8