2004 LIMITED LIABILITY COMPANY

DOCUMENT # L96000001342  1. Enbty Name TARPON REALTY, L.C.							Ja	Jan 28, 2004 08:00 AM Secretary of State			
Principal Place of Business 191 CLARKSON LANE			,	Mailing Address 191 CLARKSON LANE		· -					
JOHN'S ISLAND VERO BEACH FL 32963			JOHN'S ISLAND VERO BEACH FL 32963								
2. Principal Place of Business			3	3. Mailing Address							
Suite, Apr. #, etc.  City & State				Suite, Apt #, etc. City & State				MOORE	CR2E08	33 (11/03)	-217
							4. FEI Num	65-0715716			plied For t Applicable
Z <sub>i</sub> o	Country			Zip Cou		ntry	5. Certificat	te of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Reg				istered Agent	Name	7. Name an	d Address of New R	egistered	Agent		
DEBLOIS, ARTHUR J JR. 191 CLARKSON LANE JOHN'S ISLAND						Street Addres	ss (P.O. Box Num	ber is Not Acceptable	)		
VERO BEACH FL 32963											
		·				City			FL	Zip Code	
	named entiti ions of regisl		ment for the	purpose of changing its	register	ed office or regi	stered agent, or b	ooth, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE.	Signature, typod	or printed name of register	ed agent and to	le il applicable (NO)	E Registero	nd Agent signature recy	vired when rematating)		DATE		
				Make Check Payab	ie to Fi	FEE IS \$50.0 orida Departr ay 1, 2004	\$		-		
9.	1	MANĀĞINGT	MÈMBERS/		10.			ADDITIONS/	CHANGE	*******	
NAME STREET ADDRESS	DEBLOIS, ARTHUR J. JR. 191 CLARKSON LN. JOHN'S ISLAND					E NE EET ADDRESS	i	000000016 01/28/04-800	076 39 <b>-0</b> 1	□ Change 7 50.00	Addition
CITY-ST-ZIP TITLE	VERU BEA	CH FL 32963		☐ Detete	TOTAL	-ST-ZWP		<del></del>		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					nan Str	}				osange	E ) Interior
TITLE		<u> </u>		☐ Delete	III	F F				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP					
ntle Name				Detete	JTST MAN	}				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		<u></u>			SIR	EET AODRESS 1-ST-ZIP					
TITLE NAME				☐ Delete	TITL NAN	1				Change	☐ Addition
STREET ADDRESS CATY - ST - ZAP					3	TET ADDRESS (+ST-ZIP	_				
rtle Name				☐ Delete	TOTAL	}	<del></del>			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STR	EET ADORESS (-ST-Z)P					
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. ARTHUR J. DE BLOIJ JR.											
SIGNATURE: OFFICE NAME OF SIGNATURE AND TYPED OF DEPOSITE NAME OF SIGNATURE AND TYPED OF DEPOSITE NAME OF SIGNATURE AND TYPED OF DEPOSITE NAME OF SIGNATURE DAMAGES TO SIGNATURE DAMAGES TO SIGNATURE OF											

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