
	or before May 1, 1999 of to a \$ 400,00 LATE FE		d Liability Co	ompany wili b					
L (M)(i)	ADILIABILITY COMPANY ANNUAL REPORT 1999	Katheri r Secretar	TMENT OF STATE THE HARTIS THE OF STATE TH	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
FILING FEE Annual Report \$100,00 + \$88,75 Corporation Supplemental Fee \$ 188.75 Make Chaok Payable To: PLORIDA DEPARTMENT OF STATE					99 APR -5 AMII: 28				
1. Name of Lin		JMEN		0001160	٦				
LAKE TARPON VILLAGE, L.C. 43 VILLAGE GREEN WAY PALM HARBOR FL 34684 49-06					1a. Principal Place of Business Address 43 VILLAGE GREEN WAY PALM HARBOR FL 34684				
2 Principal Place of Business 2a. Mail			ling Address		a. Date Organized or Qualified 10/17/1997		3a. State of Formation		
Suite, Apt. #, etc. Suite, A		pt. #, etc.		4. FEI Number		Applied For			
City & State City		City & Si	tate		59-347633			Not Applicable	
Zip Country Zip		Zip	Cod	untry	5. Date of Last Report 03/09/1998		6. Certificate of Status Desired S8 75 Additional Fee Required		
7. Name and Address of Current Registered Agent 8. Name					Name and Address of New Registered Agent/Office				
Suite, Apt. #, etc. City PALM 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited lia its registered office or registered agent, or both/in the State of Florida. Such change was authorized by affirmative.						HARBOR FL+134684***********************************			
as registered agent, and accept the obligations. SIGNATURE [Red Stered Agent Accepting Appointment] [NOTE Registered Agent signature required when renstating)						DATE 3/25/99			
10. Trile			Business Street Address			City, State and Zip Code		Code	
MGR	DODRILL, ROGER		48 Plym	buth Ct		PALM HARBOR FL			
MGR	POST, GEORGIA		45 CONCORD LANE			PALM HARBOR FL			
NGR	LEIS, DIXIE V		280 BEACH COURT			PALM HARBOR FL			
MGR	YOGEL, AUDREY R		167 INDEPENDENCE AVENUE			PALM HARBOR FL			
MGR	BRUMBAUGH, T. JEANNE		270 COLONIAL BOULEVARD			PALM HARBOR FL			
NGR	DUHN, KAY		:76 LIBERTY WAY			PALM HARBOR FL			
MGR	CAULFIELD, JAMES	AULFIELD, JAMES 261 Phil		ladel PHIA	DELPHIA BUO PALM			HARBOR, FL	
				·· ···········					
11. (do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual 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 kmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.									
SIGN	ATURE: SIGNATURE AND THE	ED OR PAILVED	NAME OF SIGNING MANAGI	ng member or manager		425 Date	199	me Pixine #	