

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000365

FILED  
Feb 03, 2004  
Secretary of State

Entity Name: TARPON CREEK L.C.

## Current Principal Place of Business:

719 PONCE DE LEON DRIVE  
FT. LAUDERDALE, FL 33316

## New Principal Place of Business:

## Current Mailing Address:

719 PONCE DE LEON DRIVE  
FT. LAUDERDALE, FL 33316

## New Mailing Address:

FEI Number: 65-0935704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COCKERILLE, MARYANN  
719 PONCE DE LEON DRIVE  
FT. LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

COCKERILLE, MARYANN MGRM  
719 PONCE DE LEON DRIVE  
FT. LAUDERDALE, FL 33316 US

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: MARYANN COCKERILLE

02/03/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: COCKERILLE, MARYANN  
Address: 719 PONCE DE LEON DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: COCKERILLE, JOHN P  
Address: 719 PONCE DE LEON DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR ( ) Change (X) Addition  
Name: COCKERILLE, CHRISTOPHER J  
Address: 932 S.W. 15 COURT  
City-St-Zip: FT. LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN P. COCKERILLE

MGR

02/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date