

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002179

FILED
Apr 27, 2004
Secretary of State

Entity Name: TARPON SPRINGS ASSOCIATES, LLC

Current Principal Place of Business:

125 W KLOSTERMAN RD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

10069 N. FLORIDA AVENUE
SUITE B-1
TAMPA, FL 33612

Current Mailing Address:

125 W KLOSTERMAN RD
TARPON SPRINGS, FL 34689

New Mailing Address:

10069 N. FLORIDA AVENUE
SUITE B-1
TAMPA, FL 33647

FEI Number: 37-1414323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, MICHAEL
125 W KLOSTERMAN RD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

HAYES, MICHAEL
10069 N. FLORIDA AVENUE
SUITE B-1
TAMPA, FL 33647 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: MICHAEL HAYES

04/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HILL, DAVID R
Address: 601 W. MORGAN
City-St-Zip: JACKSONVILLE, IL 62650

Title: P () Delete
Name: HAYES, MICHAEL
Address: 9107 WOODRIDGE RUN DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HAYES, MICHAEL
Address: 9107 WOODRIDGE RUN DRIVE
City-St-Zip: TAMPA, FL 33647

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: MICHAEL HAYES

MGR

04/27/2004

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