## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # M04000004513 1. Entity Name TARPON SPRINGS INVESTORS, LLC Mailing Address Principal Place of Business 300 WOODBURY AVENUE 300 WOODBURY AVENUE PORTSMOUTH, NH 03801 PORTSMOUTH, NH 03801 04272008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1562318 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 8. The above named entity subgrits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ed tyle if applicable INDTE Registered Agent signature required when reinstating? DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME BOWDEN, KEVIN R U00000548669 05/12/06-80075-809 50.00 STREET ADDRESS 300 WOODBURY AVENUE CITY-ST-ZIP PORTSMOUTH, NH 03801 TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 crytrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, ON AUTHORIZED REPRESENTATIVE

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FILED