


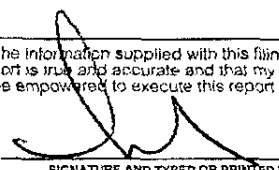
**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

OWE

535.

DUE 5-1-05

DOCUMENT # B95000000410			
1. Entity Name CCAG LIMITED PARTNERSHIP			
Principal Place of Business 4875 PELICAN COLONY BLVD, 1001 BONITA SPRINGS, FL 34134		Mailing Address 4875 PELICAN COLONY BLVD, 1001 BONITA SPRINGS, FL 34134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AUSTIN GROUP, INC. 1211 NORTH WESTSHORE BLVD. SUITE 102 TAMPA, FL 33607		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature is handwritten or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$239,750.00		10. Amount of Capital Contributions in FLORIDA to date.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000000721	STREET ADDRESS	
NAME	TGF CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	4875 PELICAN COLONY BLVD, 1001		
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: 		Date: 4/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	



04112005 Chg-LP CR2E003 (10/03)

4. FEI Number: 34-1815519
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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