

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91533 009 ****50.00

DOCUMENT # L01000013828

1. Entity Name

T&G INVESTMENT PARTNERS, LLC

Principal Place of Business

**7131 GRAND NATIONAL DRIVE, SUITE 106
 ORLANDO FL 32819**

Mailing Address

**7131 GRAND NATIONAL DRIVE, SUITE 106
 ORLANDO FL 32819**

2. Principal Place of Business

8623 Commodity Circle
 Suite, Apt. #, etc.

3. Mailing Address

8623 Commodity Circle
 Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip
32819

Country
USA

Zip
32819

Country
USA

4. FEI Number

59-3615114

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D ESQ.
 15 WEST CHURCH STREET
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
 NAME **GONZALEZ, RICARDO H**
 STREET ADDRESS **7131 GRAND NATIONAL DRIVE, SUITE 106**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **MGR** ☐ Delete
 NAME **GRABOSKY, DAVID M**
 STREET ADDRESS **7131 GRAND NATIONAL DRIVE, SUITE 106**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **MGR** ☐ Delete
 NAME **WRIGHT, MICHAEL T**
 STREET ADDRESS **7131 GRAND NATIONAL DRIVE, SUITE 106**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8623 Commodity Circle**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☒ Change ☐ Addition
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 CITY-ST-ZIP **Orlando, FL 32819**

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/02 (407) 352-4443

Date Daytime Phone #

CR2E083 (9/01)