

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013828 1. Entity Name T&G INVESTMENT PARTNERS, LLC	
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Principal Place of Business 8623 COMMODITY CIRCLE ORLANDO, FL 32819	Mailing Address 8623 COMMODITY CIRCLE ORLANDO, FL 32819
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03212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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 WRIGHT, MICHAEL T 425 WEST COLONIAL DRIVE SUITE 204 ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000109163
04/12/04-80032-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GONZALEZ, RICARDO H 8623 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GRABOSKY, DAVID M 8623 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR WRIGHT, MICHAEL T 8623 COMMODITY CIRCLE ORLANDO, FL 32819
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/05/04