2005 LIMITED LIABILITY COMPANY

SIGNATURE:

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

FILED ANNUAL REPORT May 04, 2005 08:00 AN DOCUMENT # L01000013828 **Secretary of State** 1. Entity Name T&G INVESTMENT PARTNERS, LLC Principal Place of Business Maîling Address 8623 COMMODITY CIRCLE 8623 COMMODITY CIRCLE ORLANDO, FL 32819 ORLANDO, FL 32819 04122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3615114 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WRIGHT, MICHAEL T 425 WEST COLONIAL DRIVE SUITE 204 IN THIS SPACE ORLANDO, FL 32804 _ 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE **-000000362866** GONZALEZ, RICARDO H NAME 8623 COMMODITY CIRCLE 05/05/05-80134-014 50.00 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 DILE GRABOSKY, DAVID M NAME STREET ADDRESS 8623 COMMODITY CIRCLE ORLANDO, FL 32819 CITY-ST-ZIP MGR TITLE WRIGHT, MICHAEL T 8623 COMMODITY CIRCLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32819 IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP 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. 11. I hereby certify that the information supplied with

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