

# 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  
 NAME  
 STREET ADDRESS **8623 Commodity Circle**  
 CITY-ST-ZIP **Orlando, FL 32819**

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

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

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)