# 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

| Principal Place of Business | Mailing Address |
|---|---|
| 8623 COMMODITY CIRCLE<br>ORLANDO, FL 32819 | 8623 COMMODITY CIRCLE<br>ORLANDO, FL 32819 |

**DO NOT WRITE IN THIS SPACE**

03212004No Chg-LLC CR2E083 (10/03)

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 | MGR |
| NAME | GONZALEZ, RICARDO H |
| STREET ADDRESS | 8623 COMMODITY CIRCLE |
| CITY-ST-ZIP | ORLANDO, FL 32819 |
| TITLE | MGR |
| NAME | GRABOSKY, DAVID M |
| STREET ADDRESS | 8623 COMMODITY CIRCLE |
| CITY-ST-ZIP | ORLANDO, FL 32819 |
| TITLE | MGR |
| NAME | WRIGHT, MICHAEL T |
| STREET ADDRESS | 8623 COMMODITY CIRCLE |
| CITY-ST-ZIP | ORLANDO, FL 32819 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE 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)(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:** _____ 4/05/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #