

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90031 014 ****50.00

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1. Entity Name
TGH INVESTMENTS, LLC

Principal Place of Business
P.O. BOX 429
PALM HARBOR FL 34682

Mailing Address
P.O. BOX 429
PALM HARBOR FL 34682



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
02-0545095

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINEAR, GERRY D
1520 GULF BLVD. #1806
CLEARWATER FL 33767

Name
MINEAR, GERRY D
Street Address (P.O. Box Number is Not Acceptable)
4515 SERENITY TRAIL

City **PALM HARBOR** FL Zip Code **34685**

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 *Gerry D Minear*

DATE **2-11-03**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** Delete
NAME **MINEAR, GERRY D**
STREET ADDRESS **1520 GULF BLVD. #1806**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE Change Addition
NAME
STREET ADDRESS **4515 SERENITY TRAIL**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **MGRM** Delete
NAME **CRAIG, M. THOMAS**
STREET ADDRESS **921 WEXFORD LEAS**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE Change Addition
NAME
STREET ADDRESS **PO BOX 429**
CITY-ST-ZIP **PALM HARBOR, FL 34682**

TITLE **MGRM** Delete
NAME **POLLAK, KIMBERLY A**
STREET ADDRESS **P.O. BOX 429**
CITY-ST-ZIP **PALM HARBOR FL 34682**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
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: *Gerry D Minear* **SIGNATURE REQUIRED**

DATE **2-11-03** DAYTIME PHONE # **727-469-8210**

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

DATE

DAYTIME PHONE #

CR2E083 (10/02)