

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

04-09-2003 90045 009 ****50.00
L02000002540

DOCUMENT # L02000002540

1. Entry Name
TGH INVESTMENTS, LLC



FILED

03 APR 14 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30052171



CHECK HERE IF MAKING CHANGES

| | |
|---|---|
| Principal Place of Business P.O. BOX 429 PALM HARBOR FL 34682 | Mailing Address P.O. BOX 429 PALM HARBOR FL 34682 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 02-0545095 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|--|--------------------------------|

6. Name and Address of Current Registered Agent

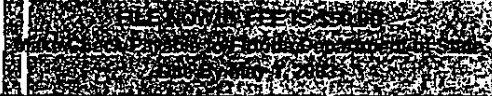
MINEAR, GERRY D
1520 GULF BLVD. #1806
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

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)



| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MINEAR, GERRY D 1520 GULF BLVD. #1806 CLEARWATER FL 33767 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4515 SERENITY TRAIL PALM HARBOR, FL 34685 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CRAIG, M. THOMAS 821 WEXFORD LEAS PALM HARBOR FL 34683 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 429 PALM HARBOR, FL 34682 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM POLLAK, KIMBERLY A P.O. BOX 429 PALM HARBOR FL 34682 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM POLLAK, HARVEY PO BOX 429 PALM HARBOR, FL 34682 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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* 4-7-03 777-469-871