

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A00000000467

1. Entity Name  
COMMODITY CIRCLE, LIMITED PARTNERSHIP



Principal Place of Business  
8623 COMMODITY CIRCLE  
ORLANDO, FL 32819

Mailing Address  
8623 COMMODITY CIRCLE  
ORLANDO, FL 32819



04232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3627560

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, MICHAEL T  
8623 COMMODITY CIRCLE  
ORLANDO, FL 32819

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

000000756358  
05/23/07 09024-021 500.00

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

1. GENERAL PARTNER  
NAME: T&G INVESTMENT PARTNERS, LLC.  
STREET ADDRESS: 8623 COMMODITY CIRCLE  
CITY, ST, ZIP: ORLANDO, FL 32819

2. GENERAL PARTNER  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

3. GENERAL PARTNER  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

4. GENERAL PARTNER  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

5. GENERAL PARTNER  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

6. GENERAL PARTNER  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/23/07

STATE CHECK HERE