


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

*OWE 535.*  
*DUE 5-1-05*

<b>DOCUMENT # B95000000410</b> 1. Entity Name <b>CCAG LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4875 PELICAN COLONY BLVD, 1001          BONITA SPRINGS, FL 34134</b>			Mailing Address <b>4875 PELICAN COLONY BLVD, 1001          BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>34-1815519</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AUSTIN GROUP, INC.          1211 NORTH WESTSHORE BLVD.          SUITE 102          TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Sign as a liquid or printed name of registered agent and file if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$239,750.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	F96000000721		STREET ADDRESS		
NAME	TGF CORPORATION		CITY - ST - ZIP		
STREET ADDRESS	4875 PELICAN COLONY BLVD, 1001		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
<b>SIGNATURE:</b> _____			4/14/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

STAPLE CHECK HERE

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