

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY - 1 AM 11:18
 DUE 508.75
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 DUE 5-1-06



DOCUMENT # B95000000410 1. Entity Name CCAG LIMITED PARTNERSHIP					
Principal Place of Business 4875 PELICAN COLONY BLVD, 1001 BONITA SPRINGS, FL 34134				Mailing Address 4875 PELICAN COLONY BLVD, 1001 BONITA SPRINGS, FL 34134	
2. Principal Place of Business Suite, Apt. #, etc. 5051 PELICAN COLONY BLVD 904		3. Mailing Address Suite, Apt. #, etc. 1110 EUCALYPTUS AVENUE 300		04262006 Chg-LP CR2E003 (11/05)	
City & State BONITA SPRINGS, FL		City & State CLEVELAND, OH		4. FEI Number 34-1815519	
Zip 34134-6911		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUSTIN GROUP, INC. 1211 NORTH WESTSHORE BLVD. SUITE 102 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F96000000721		STREET ADDRESS	5051 PELICAN COLONY BLVD #904	
NAME	TGF CORPORATION		CITY-ST-ZIP	BONITA SPRINGS, FL 34134-6911	
STREET ADDRESS	4875 PELICAN COLONY BLVD, 1001		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 4-26-06		

STAPLE CHECK HERE