


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90027 023 \*\*\*\*50.00

<b>DOCUMENT # L01000018299</b>	
<b>1. Entity Name</b> TGC MANAGEMENT, LLC	

<b>Principal Place of Business</b> 226 S. PALAFOX STREET, SUITE 101-B PENSACOLA, FL 32501	<b>Mailing Address</b> 226 S. PALAFOX STREET, SUITE 101-B PENSACOLA, FL 32501
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<b>2. Principal Place of Business</b> 809 BEVERLY PKWY Suite, Apt. #, etc.	<b>3. Mailing Address</b> 809 BEVERLY PKWY Suite, Apt. #, etc.
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04262004 Chg-LLC CR2E083 (10/03)

<b>City &amp; State</b> PENSACOLA, FL Zip 32505 Country ESCAMBIA	<b>City &amp; State</b> PENSACOLA, FL Zip 32505 Country ESCAMBIA
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<b>4. FEI Number</b> 59-3753130	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> OWENS, KIRK R 801 N. 12TH AVENUE PENSACOLA, FL 32501
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<b>7. Name and Address of New Registered Agent</b> Name MARK TAYLOR Street Address (P.O. Box Number is Not Acceptable) 809 BEVERLY PKWY City PENSACOLA, FL Zip Code 32505
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<b>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.</b> SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4/26/04
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, MARK 226 SOUTH PALAFOX PL STE 101-B PENSACOLA, FL 32501 <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	MGR RAYMOND FLORES 809 BEVERLY PKWY PENSACOLA, FL 32505 <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
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
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.**

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/26/04 (850) 435-6845 Daytime Phone #
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