

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90183 042 \*\*\*\*50.00

**DOCUMENT # L02000002540**

**1. Entity Name**  
**TGH INVESTMENTS, LLC**



**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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004 Chg-LLC CR2E083 (10/03)

City & State

City & State

**4. FEI Number**  
**02-0545095**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MINEAR, GERRY D**  
**4515 SERENITY TRAIL**  
**PALM HARBOR, FL 34685**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**MINEAR, GERRY D**  
**4515 SERENITY TRAIL**  
**PALM HARBOR, FL 34685** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**CRAIG, M. THOMAS**  
**PO BOX 429**  
**PALM HARBOR, FL 34682** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**POLLAK, KIMBERLY A**  
**P.O. BOX 429**  
**PALM HARBOR, FL 34682** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**HARVEY, POLLAK**  
**P.O. BOX 429**  
**PALM HARBOR, FL 34682** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ Change ☐ Addition

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**NAME**  
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**CITY - ST - ZIP** ☐ Delete

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**CITY - ST - ZIP** ☐ Change ☐ Addition

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**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ Delete

**TITLE**  
**NAME**  
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**CITY - ST - ZIP** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-2-04 727-469-8710