



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

04-14-2004 90279 028 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000004368		
1. Entity Name T.G.O.B., LLC		
Principal Place of Business 80241 OVERSEAS HWY. ISLAMORADA, FL 33036		Mailing Address P.O. BOX 573 ISLAMORADA, FL 33036
DO NOT WRITE IN THIS SPACE		
		04092004 No Chg.-LLC CR2E083 (10/03)
4. FEI Number 03-0390100		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
LINDBACK, BRIAN 80241 OVERSEAS HWY. ISLAMORADA, FL 33036		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 _____ <small>Signature, typed or printed name of registered agent and put if applicable. (NOTE: Registered Agent signature required when ratifying) DATE _____</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDBACK, BRIAN 80241 OVERSEAS HWY. ISLAMORADA, FL 33036	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 4/26/04 Daytime Phone: _____