


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90158 026 ****50.00

DOCUMENT # L02000023731		
1. Entity Name TSG, LLC		
Principal Place of Business <u>3499 S. Congress Ave</u> 9139 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33411 PALM SPRINGS, FL 33461		Mailing Address OK 9139 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33411
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HEINEMANN, THEODORE J 1200 N. FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432		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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005 pd cc#1452		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, CHARLES W 9139 BAY HARBOUR CIRCLE WEST PALM BEACH, FL 33411	
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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: <u>Charles W Crawford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-2061163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**