2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

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

Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # L02000032449** 1. Entity Name T.G.Ó. PARTNERS, L.L.C. Principal Place of Business Mailing Address P.O. BOX 3767 **516 DELANNOY AVENUE** COCOA, FL 32924-3767 COCOA, FL 32922 03312005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0809665 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent KIRSCHENBAUM, MALCOLM R DO NOT WRITE **516 DELANNOY AVE** COCOA, FL 32922 IN THIS SPACE 8. The above named antity 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SWANN, JIM NAME 516 DELANNOY AVE STREET ADDRESS 000000304775 04/14/05-80054-020 50.00 CITY-ST-ZIP COCOA, FL 32922 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED