LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 14, 2003 8:00 am Secretary of State

4/8/03

321-631-2022

Daytime Phone #

04-14-2003 90752 022 ****50.00

DOCUMENT # L02000032449

1. Entity Name

SIGNATURE:

T.G.O. PARTNERS, L.L.C.



	DO NOT WRITE					
	Place of Business DELANDOY AUE	3. Mailing Address				
Suite, Apt.		Po Box 3701 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For	
		COCAA, FL Country			85-0809665	Not Applicable \$5.00 Additional
32 az	2 VER	32924.3767	ی ک		5. Certificate of Status Desired	Fee Required
A Property	and the state of t	and the second s	Name		7. Name and Address of Current Regis	
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			5 is		- Box Number is Not Acceptable)	
IN THIS SPACE						
and the state of t			<u> </u>	COA		FL Zip Code
8. The above	named entity submits this statement for	the ourgose of changing its			ed agent, or both, in the State of Florida, I	
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 41763						
SIGNATURE Signature Apped or primed name of registration and at title if applicable.						
FEE IS \$50.00						
Make Check Payable to Florida Department of State						
9. MANAGING MEMBERS/MANAGERS						
TITLE	mg no	10/INANACE 110	TITLE			
NAME	C. a. 2 2	•	NAME			
STREET ADDRESS	KIC DELANNY th	18	STREET ADDRESS			
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	owife that the information will be a	tota diti anala	pries recurring application.	1	140 03(0V)) FI	
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.						

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