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

FILED Mar 12, 2003 8:00 am Secretary of State 03-12-2003 90014 014 ****50.00

DOCUMENT # L02000033679

1. Entity Name

TGH PROPERTIES, LLC

9	~	
. •	-=-	

The same and the s		V V	en e	
			J. J	<u> </u>
DO NOT WRITE I	N THIS SE	DACE		
2. Principal Place of Business 3	. Mailing Address			
		IA DE AVIL	.0.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	41. 0.0 11410	DO NOT WRITE IN THIS S	SPACE
Ch. 2 Share	0: 10:			
City & State TAMPA FL	City & State TAMPA FL		4. FEI Number	Applied For
Zip Country	Zip	Country	54-2087095	Not Applicable
33613 HILLSBOZOUGH	33613	HILLSBORONS	5. Certificate of Status Desired	\$5.00 Additional Fee Required
		ind. His	7. Name and Address of Current Registered	Agent
DO NOT WE	ine?	Name		
DO NOT WR	the best one consumer and the consumer of	-Street Address (P	O: Box Number is Not Acceptable)	
IN THIS SPA	CE			
		City	FL	Zip Code
8. The above named entity submits this statement for the	purpose of changing its r	egistered office or registere	d agent, or both, in the State of Florida. I am fa	miliar with, and accept
the obligations of registered agent.				·
SIGNATURE			, , , , , , , , , , , , , , , , , , ,	
Signature, typed or printed name of registered agent and title			- CATE	*
		EE 18 \$50.00 to Florida Departmen	t of State	· [
W. W.		JE BY MAY 1		
9. MANAGING MEMBERS/N	MANAGERS		22 - No. 10	
TILL MANAGING/MENT	BERS	TITLE:		8
NAME GERALD K. HIL STREET ADDRESS 16504 ADASA DE		HAME		2 (
		STREET ADORESS:		83B
TAMTA FL 331	BERS	Time T		CR2E083B (12/02
NAME TERRO A. HILL	_	NAME		
STREET ADDRESS 16504 ADAJA T		STREET ADDRESS	ng garang ang panggalang ang panggalang ang panggalang ang panggalang ang panggalang ang panggalang ang panggal	
CITY-SI-ZIP TAMPA FL 33	613	CITY ST-ZIP C 31		
TITLE NAME		TITLE		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY: ST-ZIP	DO NOT WRIT	.E
TITLE		AMDE 0	IN THIS SPACE	
NAME STREET ADDRESS		NAME	III THE STAC	-
CITY-ST-ZIP		STREET ADDRESS		
TITLE		nru i		
NAME		NAME:		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
		CITY ST. ZIP		
NAME	إرامير والمساحة فيلاني	TILE NUME		
STREET ADDRESS		STREET ADDRESS	en e	
CITY-ST-ZIP		CITY-ST: ZIP		
11. I hereby certify that the information supplied with this fi	ling does not qualify for th	e evenotion stated in Secti	on 110 07/3V/i) Elondo Eterras I further costifi	that the information

Interest certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informatio 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A. HILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ANTHORIZED REPRESENTATIVE

2-16-03