

**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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16504 ADAJA DE AVILA
Suite, Apt. #, etc.

3. Mailing Address

16504 ADAJA DE AVILA
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

54-2087095

Applied For

Not Applicable

Zip

33613

Country

HILLSBOROUGH

Zip

33613

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MANAGING MEMBERS
NAME GERALD K. HILL
STREET ADDRESS 16504 ADAJA DE AVILA
CITY-ST-ZIP TAMPA FL 33613

TITLE MANAGING MEMBERS
NAME TERRY A. HILL
STREET ADDRESS 16504 ADAJA DE AVILA
CITY-ST-ZIP TAMPA FL 33613

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IN THIS SPACE**

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:

TERRY A. HILL - TERRY A. HILL

2-16-03 (813) 968-8400

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

Date

Daytime Phone #

CR2E083B (12/02)