2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000034231

1. Entity Name
T. G. CUSTOM TRAILERS, LLC

Principal Place of Business	Mailing Address
16723 WINBURN DR SARASOTA, FL 34240	16723 WINBURN DR SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

03192007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
57-1185966	Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERS, DWIGHT H
16723 WINBURN DR
SARASOTA, FL 34240

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANDERS, DWIGHT H
STREET ADDRESS	16723 WINBURN DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	MGRM
NAME	ANDERS, MARIA B
STREET ADDRESS	16723 WINBURN DRIVE
CITY-ST-ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/10/07-80003-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X_____   3/28/07   941-371-5286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #