

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039347

Entity Name: TGS ENTERPRISES, LLC

FILED
May 18, 2007
Secretary of State

Current Principal Place of Business:

3295 PINE RIDGE RD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

3295 PINE RIDGE RD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-1084777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

QUADE, MARTIN
3295 PINE RIDGE RD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAEFCKE, THERESA
Address: 2777 OLDE CYPRESS DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: QUADE, GAIL
Address: 586 LAGUNA ROYALE BLVD UNIT #804
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: QUADE, MARTIN
Address: 586 LAGUNA ROYALE BLVD UNIT #804
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THERESA HAEFCKE

MGRM

05/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date