2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L03000047609

Entity Name: LTG, LLC

Current Principal Place of Business:

2950 W. HIGHWAY 98
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

2950 W. HIGHWAY 98
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 45-0529128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMILEY, WILLIAM J
2950 W. HIGHWAY 98
PORT ST. JOE, FL 32456 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SMILEY, WILLIAM J	
Address:	2950 W. HIGHWAY 98	
City-St-Zip:	PORT ST. JOE, FL 32456	
Title:	MGRM	( ) Delete
Name:	HENDERSON, BILL	
Address:	1141 ST. ANDREWS DRIVE	
City-St-Zip:	MACON, GA 31210	
Title:	MGRM	( ) Delete
Name:	POLLOCK, CHUCK	
Address:	768 CRAWFORD ROAD	
City-St-Zip:	MACON, GA 31210	

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 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 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: WILLIAM J. SMILEY MGRM 01/04/2005

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