*2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051865

1. Entity Name
TLG CONSTRUCTION, LLC

FILED Feb 16, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

16 ISLAND DRIVE EASTPOINT, FL 32328 P.O. BOX 1061

_ EASTPOINT, FL 32328



DO NOT WRITE IN THIS SPACE

01242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2116893 Applied For Not Applicable

5. Certificate of Status Desired

7

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GELCH, ANTHONY L 111 PATTY LN EASTPOINT, FL 32328

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of che tions of registered agent.	anging its registered office or registered agent, or both	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algnature required when reinstating)	DATE	
F	lling Fee is \$50.00 ue by May 1, 2006		U00000435968 N2/27/06-80018-002 55.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - GELCH, ANTHONY L P.O. BOX 1081 EASTPOINT, FL 32328			
IITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS		IN .	IN THIS SPACE	

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!

City-SI-ZIP

STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

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

14/00

850-670-5544