



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90051 011 ****50.00

DOCUMENT # L04000016588 1. Entity Name T.G.E. CONSTRUCTION "LLC"					
Principal Place of Business 301 BOYLSTON AVE DAYTONA BEACH, FL 32118			Mailing Address 301 BOYLSTON AVE DAYTONA BEACH, FL 32118		
2. Principal Place of Business Suite, Apt. #, etc. 1245 SEAHOUSE ST. City & State SEBASTIAN, FL Zip 32958		3. Mailing Address Suite, Apt. #, etc. 1245 SEAHOUSE ST. City & State SEBASTIAN FL Zip 32958			
Country US		Country US		08152005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 51-0498996				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAWICKI, REGINA R 301 BOYLSTON AVE DAYTONA BEACH, FL 32118-VO			7. Name and Address of New Registered Agent Name ALDEN LYNN SNYDER Street Address (P.O. Box Number is Not Acceptable) 2174A S. RIDGEWOOD AVE City S. DAYTONA FL Zip Code 32119		
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 <u><i>Allden Lynn Snyder</i></u> (NOTE: Registered Agent signature required when reinstating) 8/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECKER, TIMOTHY G OWNER 301 BOYLSTON AVE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1245 SEAHOUSE ST. SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Timothy G. Ecker</i></u> TIMOTHY G. ECKER 8/29/05 386-846-9876 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					