

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90033 006 \*\*\*\*55.00

**DOCUMENT # L04000020685**

1. Entity Name  
T & G MANAGEMENT COMPANY, L.L.C.



Principal Place of Business  
1600 E. VINE STREET  
SUITE A  
KISSIMMEE, FL 34744

Mailing Address  
434 MARLBERRY LEAF AVENUE  
KISSIMMEE, FL 34758



02272006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

OMOLARA, AUGUSTUS  
434 MARLBERRY LEAF AVENUE  
KISSIMMEE, FL 34744

**DO NOT WRITE  
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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME OMOLARA, AUGUSTUS  
STREET ADDRESS 434 MARLBERRY LEAF AVENUE  
CITY-ST-ZIP KISSIMMEE, FL 34758

TITLE MGR  
NAME OMOLARA, HELEN  
STREET ADDRESS 434 MARLBERRY LEAF AVENUE  
CITY-ST-ZIP KISSIMMEE, FL 34758

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

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

Date

Daytime Phone #

*Augustus Omolara*  
AUGUSTUS OMOLARA 4/15/06

(321)697-0355