

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000021550

1. Entity Name
TKG PROPERTIES, LLC



Principal Place of Business
11635 NW 1ST STREET
GAINESVILLE, FL 32607

Mailing Address
11635 NW 1ST STREET
GAINESVILLE, FL 32607

FILED

2006 APR 19 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

03012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0905987	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

HALE, JEFFREY W
11635 NW 1ST STREET
GAINESVILLE, FL 32607

**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	MGRM
NAME	HALE, JEFFREY W
STREET ADDRESS	11635 NW 1ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	MGRM
NAME	HALE, TASHIA C
STREET ADDRESS	11635 NW 1ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000072192891
04/27/06--01009--010 **\$5.00

**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.

Jeffrey W. Hale
Manager

04/18/06 352-332-0838

SIGNATURE:

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

Date

Daytime Phone #