


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000023304</b> 1. Entity Name <b>T &amp; G ENTERPRISES OF TALLAHASSEE, LLC</b>	
--	---

Principal Place of Business <b>508-A CAPITAL CIRCLE SOUTHEAST TALLAHASSEE, FL 32301 US</b>	Mailing Address <b>508-A CAPITAL CIRCLE SOUTHEAST TALLAHASSEE, FL 32301 US</b>
---	---



03292008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1995261</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>THOMPSON, SUSAN S 3520 THOMASVILLE ROAD TALLAHASSEE, FL 32309</b>
---

**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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM GHAZVINI, HOSSEIN 508-A CAPITAL CIRCLE SOUTHEAST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TURNER, FREDERICK E 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TURNER, DOUGLAS E 508-A CAPITAL CIRCLE SOUTHEAST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

0000001431438  
04/22/06-80053-016 50.00

**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.

**SIGNATURE:**  **Douglas E. Turner** 3/31/06 850-656-4663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #