

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031149

Entity Name: T & G ENTERPRISES, L.L.C.

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

3014 SW MARCO LANE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

3014 SW MARCO LANE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 20-3299735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GULIZIA, SAMUEL P  
3014 SW MARCO LANE  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

GULIZIA, SAMUEL S  
3014 SW MARCO LANE  
PALM CITY, FL 34990 US

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.

SIGNATURE: SAMUEL A GULIZIA

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TOTO, JOSEPH P  
Address: 4402 S.W. THICKET COURT  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete  
Name: GULIZIA, SAMUEL  
Address: 3014 SW MARCO LANE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: GULIZIA, SAMUEL A  
Address: 3014 SW MARCO LANE  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL A GULIZIA

MGR

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date