


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90185 049 ****50.00

DOCUMENT # L05000032332					
1. Entity Name T&T GROUP LLC.					
Principal Place of Business 31301 OIL WELL RD. PUNTA GORDA, FL 33955			Mailing Address P.O. BOX 510550 PUNTA GORDA, FL 33951		
2. Principal Place of Business P.O. Box 510550		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PUNTA GORDA, FL		City & State		4. FEI Number 16-1724500	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 33951-0550	Country USA	Zip 33951-0550	Country		
6. Name and Address of Current Registered Agent TREWORGY, THOMAS J 31301 OIL WELL RD. PUNTA GORDA, FL 33955			7. Name and Address of New Registered Agent Name <u>MIKE TREWORGY</u> Street Address (P.O. Box Number is Not Acceptable) <u>6161 RIVERSIDE DRIVE</u> City <u>PUNTA GORDA</u> <u>FL</u> Zip Code <u>33982-1555</u>		
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>Mike Treworgy</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/8/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREWORGY, THOMAS J		NAME		
STREET ADDRESS	3313 SUNSET DR, UNIT 703		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREWORGY, MICHEAL F		NAME	TREWORGY, MICHAEL F.	
STREET ADDRESS	P.O. BOX 510550		STREET ADDRESS	6161 RIVERSIDE DRIVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33951		CITY-ST-ZIP	PUNTA GORDA, FL 33982-1555	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Mike Treworgy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>2/8/2006</u> DAYTIME PHONE # <u>941/505-2141</u>		

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01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1724500 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

TREWORGY, THOMAS J
31301 OIL WELL RD.
PUNTA GORDA, FL 33955

Name MIKE TREWORGY
 Street Address (P.O. Box Number is Not Acceptable)
6161 RIVERSIDE DRIVE
 City PUNTA GORDA FL Zip Code 33982-1555

Mike Treworgy
Signature, typed or printed name of registered agent and title if applicable.

2/8/2006
DATE

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

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SIGNATURE: Mike Treworgy DATE 2/8/2006 DAYTIME PHONE # 941/505-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE