

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000044976

Entity Name: T.G. GLOBAL LLC

FILED
Mar 03, 2006
Secretary of State

Current Principal Place of Business:

3301 SAN BERNADINO ST
CLEARWATER, FL 33759

New Principal Place of Business:

P.O. BOX 7288
SEMINOLE, FL 33775

Current Mailing Address:

3301 SAN BERNADINO ST
CLEARWATER, FL 33759

New Mailing Address:

P. O. BOX 7288
SEMINOLE, FL 33775

FEI Number: 03-0560784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTONELLI, THOMAS
3301 SAN BERNADINO ST
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

ANTONELLI, THOMAS
P.O. BOX 7288
SEMINOLE, FL 33775 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:

03/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTONELLI, THOMAS A
Address: 3301 SAN BERNADINO ST
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM () Delete
Name: FOTI, GINA
Address: 3301 SAN BERNADINO ST
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANTONELLI, THOMAS A
Address: P.O. BOX 7288
City-St-Zip: SEMINOLE, FL 33775

Title: MGRM (X) Change () Addition
Name: FOTI, GINA
Address: P.O. BOX 7288
City-St-Zip: SEMINOLE, FL 33775

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: THOMAS ANTONELLI

MGR

03/03/2006

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