


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

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02-03-2006 90083 003 \*\*\*\*50.00

<b>DOCUMENT # L05000091715</b> 1. Entity Name <b>T.G. PARTNERS, LLC</b>					
Principal Place of Business <b>2335 PALM HARBOR DRIVE PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>2335 PALM HARBOR DRIVE PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3483965</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MICHAEL A. LAMPERT, P.A. 1655 PALM BEACH LAKES BLVD., SUITE 900 WEST PALM BEACH, FL 33401</b>				Name <b>GARY LIPACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2335 PALM HARBOR DR. PBG, FL 33410</b> City <b>FL</b> Zip Code	
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.		DATE <b>1/31/06</b>	
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LIPACK, GARY 2335 PALM HARBOR DRIVE PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Signature and typed or printed name of signing managing member, manager, or authorized representative <b>GARY LIPACK</b>		Date <b>1/31/06</b>	
				Daytime Phone # <b>561-628-6080</b>	



ATTACHMENT

30801299

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

T.G. PARTNERS, LLC  
2335 PALM HARBOR DRIVE  
PALM BEACH GARDENS, FL 33410

Subject: T.G. PARTNERS, LLC

Reference Number: L05000091715

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION