

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90042 021 \*\*\*\*50.00

**20039649**



02022006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000114112</b>							
1. Entity Name TGA HOMES LLC							
Principal Place of Business 3434 HANCOCK BRIDGE PARKWAY 204 N. FT. MYERS, FL 33903			Mailing Address 3434 HANCOCK BRIDGE PARKWAY 204 N. FT. MYERS, FL 33903				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>20-3864596</b>			
				Applied For 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			7. Name and Address of New Registered Agent				
ROY, PAULETTE M 3434 HANCOCK BRIDGE PARKWAY 204 N. FT. MYERS, FL 33903			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 <i>Paulette M Roy</i>			DATE <b>4/21/06</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	MGR ROY, PAULETTE M 3434 HANCOCK BRIDGE PARKWAY N. FT. MYERS, FL 34108	<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	MGRM ROY, RON G 3434 HANCOCK BRIDGE PARKWAY N. FT. MYERS, FL 33903	<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		
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		
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: <i>Paulette M Roy</i>			Date <b>4/21/06</b> 239-997-9201				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #				

ATTACHMENT

20039169  
#L05000114112

# Bill Payment Stub

Check Date:	4/20/2006
Check No.:	4014
Check Amount:	50.00

TGA Homes LLC  
3434 Hancock Bridge Parkway  
Suite 204  
North Fort Myers, FL 33903

Paid To: Florida Dept of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

DEPARTMENT OF STATE

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
4/20/2006	Bill	L05000114112	50.00	50.00		50.00

11327  
32314

800-705-5111  
850-245-6051

Check Amount

50.00